THE LANCET.

No. 211.] LONDON, SATURDAY, SEPTEMBER 15. [1826-7.

LECTURES

ON THE

Diseases of the Nervous System.

BY

DR. CLUTTERBUCK.

LECTURE XX.

Of the Diseases of the Nerves themselves, as distinguished from the rest of the Nervous System.

THE word *nerve* was very vaguely used by ancient writers, and applied indiscriminately to *nerve* and *tendon*; and sometimes even to *blood-vessels*. At present, we confine the term to those whitish and dense chords, that may be said to arise from, or to terminate in, the brain, either directly or through the medium of the *spinal marrow*, and which serve the purpose of establishing a communication between the brain and the rest of the system. The substance called a *nerve*, is not a simple chord, but divisible into numerous filaments, which, though connected by cellular texture, and enveloped in a common covering or sheath (called *neurilema*,) are nevertheless perfectly distinct throughout their course; not uniting and blending their substance together, like the *anastomosis* of blood-vessels. This separation and distinction between the fibrils of which a nerve is composed, reconciles the seeming difficulty of the same nerve appearing to convey impressions from without inwards to the brain, and from this again to the voluntary muscles; the different filaments probably performing those very different purposes. It enables us also to understand the distinct perceptions experienced from impressions made upon different parts that are supplied by the same nerve, the sensation being conveyed from the part impressed by its proper nervous filament, to a distinct part of the brain.

Many of the nerves differ obviously from others, in respect to their texture and other physical properties; as is seen on comparing the *optic* with the *olfactory*; and the *hard* and *soft* portions of the seventh or *auditory* nerve, one with the other. And it is probable that each of the others differs from the rest, though not so strikingly, as in the examples I have just mentioned. Thus you perceive that, in all cases, *structure* determines the *function* of parts.

Nerves appear to be not merely *conductors* of the influence of the brain to the *sensible* and *moving* parts of the body, but to be capable of retaining, for a time at least, the *nervous power*, whatever the nature of this may be: for when a tight ligature is made upon a nerve, so as to intercept the communication with the brain, the muscle to which it goes may still be excited into action by irritating the nerve below the ligature. The *nervous power* in this case, however, is soon exhausted; requiring, seemingly, a fresh supply from the brain.

Nerves are much influenced by the state of action in their own proper blood-vessels; when this action is increased, the *nervous power* is augmented, so as to increase the *sensibility* and *mobility* of the parts to which the nerves are sent; as is seen in the case of inflammation affecting nerves, or even the parts in their immediate neighbourhood. On the other hand, it is probable that a diminished action of the vessels supplying any nerve, will have the contrary effect. It has been asserted, that tying the blood-vessels of a limb, without including the nerves in the ligature, renders the limb paralytic.

Of the Diseases of Nerves.—In speaking of this subject, I hardly need remind you of the vague and indefinite way in which the term *nervous* is usually applied to disease. As commonly used, it has hardly any reference to the structures themselves, and is a mere cloak for ignorance. Thus you hear of *nervous headach*, *nervous irritation*, and others equally unmeaning; as far as any thing intelligible can be collected from them, they seem to be intended to signify that such affections are different from inflammation.

The diseases to which *nerves*, considered

as peculiar structures, are liable, are but imperfectly understood. The physical condition of these parts cannot in general be ascertained during life; nor is dissection after death capable of doing much to assist us in the inquiry; for the more numerous and more important portion of them is too minute for observation.

The effect of disease as affecting nerves, may be elucidated in some degree by the result of injury or mechanical violence committed upon them. Pricking, or tearing, or even the forcible stretching of a nerve beyond a certain point, gives rise to acute pain; not merely in the part immediately injured, but often in a still greater degree in those parts to which the nerve is distributed. The same kind of violence done to a nerve, may produce *convulsive* or *spasmodic* movements in the muscles that are under its influence. While pressure in a certain degree, will paralyse the part to which the nerve is going.

Nerves, like other parts, are doubtless liable to inflammation. Indeed we can hardly conceive an extensive inflammation to exist any where, without involving many branches of nerve. It is not unlikely that the pain attending inflammation is to be ascribed, in great measure at least, to the inflamed state of the nerves of the part increasing their natural sensibility. It is supposed (and there is no improbability in the supposition) that a *nerve* may suffer inflammation singly, without the disease spreading to the contiguous parts. I know of no proof of this, however; nor is it known with certainty what would be the symptoms in such a case. *Sciatica*, where inflammation exists about the hip joint, without affecting apparently the joint itself, is perhaps to be considered in this light, that is, as an inflammation of nerve. In this case, the pain is in general less complained of about the joint, than at the knee; and it is often felt as low as the ancle. These cases frequently resist all remedies for a great length of time, yet afterwards get well themselves.

Tic douloureux is commonly considered an affection of nerve, and is attended with pain of the most acute and intolerable kind, which recurs with more or less frequency and regularity. This affection has chiefly been noticed as taking place in the cheek; but a disease precisely similar, is often met with in other situations. I have observed it in one finger only, and recurring with equal severity and frequency as in the cheek. I have also seen the arm to be similarly affected. And no doubt a great number of other pains that recur with severity, and at periods more or less regular, are of a similar nature.

The pathology of this disease (*tic douloureux*) is very obscure. From being supposed an affection of nerve, it has had the name of *neuralgia* bestowed upon it; which is at least more significant than the absurd one, borrowed from the French, of *tic douloureux*. Upon the presumption that it was an affection of the sentient extremities of the nerves where the pain is felt, and from the failure of all ordinary means of cure, a division of the trunks of the nerves going to the pained part has been made; but in general without producing more than temporary relief; and not always even this, the pain continuing to recur as before. It is probable, therefore, that we must go back to the origin of the affected nerves in the brain, in order to discover the real and primary seat of the disease. If this be a correct view of the subject, we shall not wonder at the little success in general found to attend direct applications to the pained part; nor at the failure of the operation of dividing the trunk of the nerve in its course to the part. Unfortunately, we have not hitherto been much more successful in our treatment by acting upon the opinion stated, namely, that the real seat of disease is to be found at the root of the nerves in the brain; for whatever has been attempted for relief has much more frequently failed, than the contrary. *Opium* and other *narcotics* have in general given but temporary relief, and that merely, as it would seem, by stupefying the patient, sometimes with serious detriment to the general health. When the pain of *tic douloureux* recurs with tolerable regularity at determined periods, like ordinary *intermitting fever*, the disease has sometimes yielded to the common remedies of ague, *bark* or *arsenic*: both of which, however, have often failed. Yet notwithstanding the frequent inefficacy of these and various other means, the disease has in many instances subsided spontaneously, after having continued for a considerable time. This spontaneous termination affords, I fancy, the true solution of the seeming problem, of the disease being cured, as alleged, by so inert a remedy as the rust or other similar preparation of iron.

Of the Great Intercostal, and its Diseases.

There is another part of the nervous system which appears to be, in a great measure, independent of the rest, though formerly considered in the same light as the other nerves: I mean that which is usually called the *great intercostal nerve*, or *great sympathetic*, so called from its numerous communications with both the *cerebral* and *spinal* nerves; serving thus to establish a connexion, or sympathy, between the different parts of the system. This nerve has recently received the denomination of *trisplanchnique* from the French, on account of its supplying the viscera of the three great cavities, the chest, abdomen, and pelvis.

This nerve then, the *great intercostal*, (the name by which it is perhaps the best known) lies along the front of the spine on each side, from the base of the cranium quite down to the *sacrum*; and along its whole course, numerous tubercles, or *ganglions* as they are termed, are placed, which have been supposed to perform the office of minute brains, or to serve as depositories of *nervous power* to the different viscera. This part of the nervous system may be otherwise said to consist of a series of ganglions, united together by a nerve of nearly the same diameter throughout. It receives numerous filaments from the *spinal* nerves, and communicates also with some of the *cerebral*. The *great intercostal* supplies nerves to the *organs of circulation*, both heart and vessels; to those of *nutrition*; and of *reproduction*; while the *voluntary muscles* of the trunk and limbs, are furnished with nerves from the *brain* and *spinal chord*. So that, you see that the nerves of all parts of the body communicate together, and likewise with the brain, more or less directly. Now as the life of parts depends more especially upon their *blood-vessels*, and as these derive their *nervous power* principally from the *great sympathetic*, we understand why the *voluntary muscles* in paralysis continue to live, and even retain their bulk, although deprived of all power of *voluntary motion*; the latter faculty being derived from the *brain*, while mere *vitality* is, in a degree, independent of this organ. The *nervous power* of the *blood-vessels*, the agents of vitality and of *nutrition*, being derived from the *great intercostal*, the nerves proceeding from this have hence been termed *vital* nerves.

Thus, there appear to be three orders of nerves; viz. nerves of *sense*, nerves of *voluntary motion*, and *vital nerves*. These, though all found united together into a single chord which we call a nerve, remain nevertheless distinct and separate throughout their course, and have each their distinct origin in the brain. And thus we may account for the constancy of the peculiar conformations observed in the brain, each being destined to a different purpose, and performing a different function. Hence we understand also, as I before remarked, how *sensation* and *volition*, two such different and almost opposite functions, are apparently performed by the same nerve; and why one of these faculties may be lost, while the other remains. What we usually call a nerve is, in fact, not to be considered as a simple chord, performing at once *sensation* and *volition*, but rather as a bundle of different nerves, contained in the same common covering or sheath; united for convenience of distribution, but distinct in office, and having each its separate origin in the central mass, the brain.

That the *great intercostal*, or *great sympathetic*, constitutes a distinct part of the *nervous system*, and is not properly to be considered as arising either from the *brain* or the *spinal marrow*, may be inferred from its connexion with those parts being by very small twigs only; and also from the appearance and structure of this nerve being peculiar; as well as from the appendage of the numerous ganglions that belong to it. These *ganglial nerves*, as they may be termed, are of a greyish hue; softer, smaller in size, and more numerous, and irregularly distributed, than those of the brain and spinal marrow. And it is remarkable, that the parts supplied with nerves from this source, are not immediately under the influence of the *will*; and but little, (comparatively speaking) under that of the brain in general. Hence it is, that in many diseases and injuries of the brain, even such as are of a fatal tendency, the heart and whole vascular system are often but little disturbed, at least for a time: making it impossible, in many cases, to estimate the degree or danger of *brain affections*, from the state of the pulse or general vascular action. You must not, however, imagine, as Bichat did, that this independence of the heart upon the brain, is absolute and perfect. On the contrary, there is abundant proof that the heart is, to a certain extent, under the influence of the brain. The disturbance of the heart's action (the palpitation) produced by *mental emotions*; the *quickness* of pulse observed in some stages of inflammation of the brain; the *slowness* of it in others; and the frequent *irregularity* of it at the same time; all show sufficiently that the *heart* is governed in its actions, to a certain extent, by the brain; as are doubtless the *blood-vessels* also.

The independence of the *great sympathetic* upon the *brain* and *spinal marrow*, as stated, and its furnishing the chief part of their nerves to the *vital organs*, give great importance to this part of the *nervous system*, in a pathological point of view. It can hardly be doubted, that many disordered feelings, and many of the derangements of the functions of the different viscera, originate in a morbid state of this great nerve and its appendages. There is no difficulty in believing, that many anomalous, and at present inexplicable, maladies may take their rise in this part. But our knowledge of the subject is extremely limited at present. It is, in fact, an extensive and hitherto unexplored wild, that remains to be cultivated by future inquirers; and it may be not unreasonably expected that their labours in the field, will be rewarded by an abundant harvest.

I may just enumerate the principal diseases that have been referred to the *great sympathetic*, as their probable origin.

These are—1. *Hypochondriasis* and *hysteria*, both of which manifest themselves chiefly by disorder in those functions that appear to be under the influence of this part of the *nervous system*: the former being supposed to be an affection of the *gastric* portion of this nerve; the latter, of the *uterine*; the various disturbed feelings and spasmodic states that attend those affections, being explained upon the principle of sympathy or consent of parts. It is an old opinion, that *melancholia*, and even *mania*, are attributable to the abdomen, as the primary seat of disease. The *mental disorder* that attends, in greater or less degree, all these cases, is referred to the consent of the *abdominal brain* (as the ganglions altogether are considered) with the *cranial* organ or proper brain.

2. The *colica saturnina*, or *painter's colic*, has with some probability, been referred to this source, which affords a satisfactory explanation of the acute pain, the contraction of the abdomen, the obstinate constipation, the suppression of urine, and the other symptoms of this distressing malady.

3. *Angina pectoris*, or *syncope anginosa*, has been explained in nearly a similar way, the *cardiac* or *pulmonary plexus* being supposed to be the part primarily affected. *Incubus* or *night-mare*, and even the deep sighing and sense of oppression at the præcordia, observed before the eruption in *miliary* and other fevers, and in the *cold fit* of *intermittents*, have been referred in like manner to this system of nerves. All this, however, you will recollect, is little more at present than hypothesis, and wants the sanction of *post mortem* examination to confirm it. Admitting the truth of this opinion, regarding the nature of these disorders, it gives us no peculiar aid that I am aware of in regard to practice, as it furnishes no particular indications of cure. We can only act, in such cases, upon general principles. There appears sufficient reason to believe that this part of the *nervous system* is under the influence of *narcotics*, as well as the brain; these, therefore, may afford equally a remedy for the disordered feelings and movements of the different viscera supplied from this source. Should *inflammation* attack the *great intercostal* or its appendages, it would probably (besides producing disordered *movements*, and perhaps *feelings*, in the different viscera) be attended with the ordinary signs of this affection, pain and tenderness to the touch, and a febrile state of system; symptoms that would, of course, call for the employment of common antiphlogistic remedies.

I am here compelled, Gentlemen, though unwillingly, for want of time, to bring our course to a termination; rather abruptly, I confess; for there are still some subjects that remain for discussion, and which are by no means without their importance.—Such are the *specific* diseases of a *chronic* kind, *scrofula*, *syphilis*, *scurvy*, and others less known. These we may, perhaps, enter upon in a future course. I must not, however, take leave of you at present, without recalling your attention to two or three points of doctrine, on account of their practical importance; and also because they have been hitherto neglected or greatly overlooked. Believing them to be well-founded, and having derived from them, as I think, great advantage in practice, I feel myself bound to recall them to your recollection.

The first point, then, deserving your attention, is this; that all diseases are *local* at their outset, and not affections of the whole system at once: in other words, that there are no *universal diseases*, in the sense commonly understood; there being no *cause* of disease that is capable of influencing every part of the body, owing to the different *susceptibilities* of different parts; in consequence of which, an agent that is capable of influencing powerfully one part, may have no such power over another: or if there be any agent sufficiently powerful to influence every part, (as appears to be the case with regard to intense degrees of *heat* and *cold*,) still, such are not capable of being universally applied.

How greatly the effect of agents is governed by the peculiar *susceptibility* of the parts to which they are applied, is strikingly shown in the case of what are termed the *morbid poisons*; as *small-pox*, *measles*, *syphilis*, and the rest; each of which confines its operation to certain parts, and these exclusively; by observing which chiefly we are enabled to distinguish one of these diseases from another. When at any time, therefore, the whole body is observed to be in a state of disorder, it is to be considered as proceeding from the sympathy of one part with another; the part primarily affected, inducing disorder in others; and so on in succession, till the whole system may be thrown into disorder. This effect of *local* disease, in producing disorder in the general system, is daily seen in the case of topical inflammation, wherever seated; provided it be of a certain extent or violence.—But the case of *idiopathic fever* has been supposed to be an exception; this disease being generally conceived to be an affection of the whole body at once, no one part being essentially or exclusively the seat of disease more than the rest, but all parts suffering together, though perhaps unequally. Now this, I have asserted, is not true; *fever*, properly so called, being as much a partial and topical affection, as

pleurisy, or any other. This I endeavoured to prove, by referring to the mode of attack, and the order in which the symptoms are developed. Fever, in short, is an affection of the brain, in the same sense that *pneumonia* is an affection of the lungs; they are both compound affections, made up of a *primary local disease*, and a general disorder of system (termed *pyrexia*) the result of sympathy with the organ first affected. If the general disturbance of system be more severe and dangerous, in the former than in the latter case, the difference is to be ascribed to the different nature of the organs affected, and the greater or less influence they have over the rest of the system.

This doctrine, of the *local* nature of disease in general, admits of very useful application in practice. It leads us to discriminate between *effects* and *causes*; and prevents our treating *symptoms* merely, without regard to the *causes* inducing them. It is always advantageous to know the primary seat of a disease; for although the remedies upon which we principally rely, are oftener directed to the rest of the system than to the diseased part itself, (that is, we act most frequently upon the principle of *counter-irritation*,) there is still a great advantage in directing our attention constantly to the part primarily diseased; for the purpose of regulating its movements, and guarding it against unnecessary exertion and irritation. In no case is this of greater importance, than in that of real *fever*; for while we place our chief reliance upon general remedies, such as *blood-letting*, &c., (applied under the proper circumstances, and with due discrimination,) it is of the greatest moment to avoid as far as possible all excitement and irritation of the brain; considering that you are treating a *local*, and not a *general* disease.

The next point to which I would particularly direct your attention, is the paramount importance of *inflammation*. I have endeavoured to show you that almost all the great and dangerous diseases we meet with in practice, are either cases of *actual inflammation*, differing principally in regard to their seat; or they are consequences, more or less remote, of *inflammation: acute* diseases being generally the former, while *chronic* ones are mostly the result of the changes which inflammation has induced in the organisation of the parts affected; and even in the latter, there is generally inflammation in a subdued degree, accompanying the change of structure, and extending the mischief. Unfortunately, the ordinary names of diseases do not in general express such an alliance with inflammation, but rather indeed the contrary, many of the terms in use implying *weakness* merely, though the disease be actually inflammation. Such, for example, is the case with regard to *diarrhœa*, *dysentery*, *catarrh*, and *palsy*; with many others I might enumerate. For instance, *diarrhœa*, though often called weakness or relaxation of the bowels, very generally proceeds from inflammation of the mucous membrane lining the intestinal canal, and instead of being a state of weakness or relaxation, is the very reverse, both the vascular and muscular action of the canal being preternaturally increased. So again, *hemiplegia*, is a state of weakness as far only as regards the *muscular power* of the side affected; but if we trace the disease to its source, we find unequivocal proofs of such disorganisation in certain parts of the brain, as could only have been induced by topical inflammation there; this, therefore, is the proper object of attention in practice, and not the mere inability to move the limbs, which we have no direct power to remedy.

So that in actual practice, our treatment, ninety-nine times in a hundred, consists, or ought to consist, in endeavouring to remove inflammation and its consequences. But here I must again caution you against the conclusion often come to, but for which I do not consider myself as at all responsible; namely, that because a disease consists in inflammation, (as I suppose *fever* to do,) that therefore *blood-letting* must be the proper remedy. Now this is far from being a necessary consequence; for *blood-letting* is only a remedy for inflammation under particular circumstances, which I have endeavoured to point out to you. It is not a certain remedy in any case, nor does it act in a direct way in the removal of inflammation: that is to say, it does not at once, or necessarily, change the condition of the inflamed part, so as immediately to accomplish the cure. At best, it only disposes the disease to go off; and that not constantly, but according to the greater or less disposition there may be in the part to continue the diseased action: in short, *inflammation* is a morbid or unnatural mode of acting; violent as regards the part itself, but liable to occur in all possible states of the general system; in the strong, and in the weak; in the torpid, and the irritable: while it is in itself subject to a great diversity of nature; all which circumstances, with many others, influence both the disposition to the disease, and the effects of remedies upon it. Now *blood-letting* is far from being adapted to all of these circumstances; on the contrary, it is incompatible with many of them, and at all times requires much caution and discrimination in its use. Still, however, with every proper allowance for this, *blood-letting* exceeds infinitely all other means, as a remedy for inflammation, where actually required; while, if used under proper restrictions, it is as safe as it is effectual.

A *third* point which I wish to impress

upon you is, that *pyrexia*, or a febrile state of system, is always a secondary state, and produced by inflammation; which it serves, therefore, to indicate the existence of. Accordingly, whenever you find the pulse accelerated, the skin hot, and the tongue furred, (or even preternaturally red, without fur, as is sometimes the case,) you may conclude, from such a train of symptoms, that inflammation exists somewhere in the body; and you are to endeavour to find out its seat; which may almost always be done, by attention to the feelings of the patient, and examining, at the same time, the state of functions. I need not insist upon the advantage derivable from this discovery when made, in regard to practice; because inflammation has always an appropriate treatment, though this will differ widely under different circumstances, as already pointed out. I may repeat here, that no single sign is so much to be relied upon, as indicating general febrile action, and consequently inflammation, as the furred or unnatural state of the tongue, before alluded to; this change in the appearance of the tongue being always observed, and often where neither the skin is preternaturally hot, nor the pulse accelerated. These latter signs, of hot skin and frequent pulse, are of themselves equivocal, as they may take place independent of febrile action, from mere vascular excitement, as from exercise and the use of *stimulants* of almost any kind; but a *foul tongue* will hardly ever deceive us; as this is only produced by actual disease. You will very often be able to pronounce upon the existence of inflammation, by this appearance of the tongue only, where no local pain is complained of, nor any very manifest disorder of function to be perceived. Always make a point, therefore, of examining the tongue; for it will show you not merely the existence of inflammation, by the febrile state which it indicates, but it serves also, in many cases, to denote the degree and danger of the disease altogether. The tongue is not, as commonly supposed, an index to the stomach, but to the general vascular system; which it serves to show the state of, in regard to the presence or absence of febrile action.

In the prosecution of our inquiries, I have not attempted to hide from you, Gentlemen, any of the numerous imperfections which belong to our art: on the contrary, I have rather been desirous of pointing them out, for the purpose of inspiring a due degree of caution. There are many diseases, the intrinsic nature of which is not understood; and there are many, also, that we have no remedy for; but there are none in which we may not do harm, by an injudicious use of remedies, especially of the deleterious kind at present in general use.

You are not to treat *symptoms* merely; but endeavour to trace them back to their source; so as, if possible, to remove the cause: for if you succeed in doing this, the effect will generally cease of itself: and besides, the removal of the symptoms merely, may have an injurious effect upon the disease itself. For example, *pain*, and *coughing*, and *purging*, are not diseases in themselves, but only effects of disease, and ought not, therefore, to engage our chief attention in practice; for although either of them may in general be quickly relieved, as by giving *opium*, this remedy is not always proper to be administered for such a purpose, as it is often adverse to the real disease out of which those symptoms arise.

I would strongly advise you to study simplicity in prescription, as the only way of obtaining an accurate knowledge of the effects of remedies; for where many are combined together in the same formula, it is impossible to appreciate justly the merits of any one—to say nothing of the chance there is, of their counteracting one another. I am persuaded we very frequently delude ourselves in regard to the operation of medicines, which seldom effect what we suppose them to do.

It is proper indeed, that you should be very sceptical, with regard to medical reports in general, especially in respect to new remedies; which hardly ever maintain the character bestowed upon them by their first employers. This does not always proceed from wilful misrepresentation, but rather from misapprehension, into which it is very easy to fall on such subjects. The natural obscurity that involves all subjects connected with medicine, and which is perhaps inseparable from it, will always render its advancement difficult and uncertain. But I cannot help thinking that the progress of our art is impeded in no small degree, by the mystery in which it is purposely involved by its professors; the consequence of which is, that the public know hardly any thing of its real nature; seeming to think that it consists merely in the exhibition of nauseous drugs. They hardly ever estimate justly the qualifications of practitioners, but either receive them with blind credulity, or equally unreasonable scepticism. In the one case, they become the willing dupes of every pretender to the healing art; in the other, they sacrifice the most important of human enjoyments, health, to an unreasonable distrust of all medical aid. Were the affectation of writing our prescriptions in unintelligible language (unintelligible at least to any but the initiated) laid aside, the public would be soon enabled to distinguish between real and pretended merit. The mystery observed in consultation and prescription, besides being the

strongest support to quackery and imposture, has the further bad effect of taking away that proper degree of responsibility from the practitioner, which is the only safeguard the public can have against incompetency and hazardous experiment on the part of those to whom they intrust the care of their health and life.

[The learned Doctor left the Theatre amidst the loud applauses of the Class.]

FOREIGN DEPARTMENT.

*On the Passage of the Blood through the Heart.**

By Dr. Barry.

If the heart be considered as composed of hollow muscles, filled with a fluid, it could easily be conceived that these muscles, by contracting on their proper cavities, might either partially or wholly expel their contents. An examination of the mechanism of the structure and situation of the valves placed at the entrance and exit of the heart's cavities, will show that the blood departs by the arteries, and enters by the veins. But after these muscular sacs have expelled some portion of their contents, how are they refilled? Although this question was agitated before Harvey's time, and occupied a great share of his attention, it is not yet settled. Vesalius was of opinion that the pyramidal fibres of the heart, on contracting, shortened this organ, and thus changing its conical form into that of a sphere, enlarged its cavities, and gave them the form and functions of a cupping glass.† It is well known that Harvey rejected this opinion, as well as every other which was formed on the supposition of the heart's contributing, either by its dilatation or its motions, to draw the blood into its cavities.‡ Harvey advanced that the impulse communicated to the column of blood by the contraction of the ventricles, caused a quantity of blood, nearly equal to that thus expelled, to pass over every obstacle into the opposite auricle. But succeeding physiologists did not adopt this opinion, and every one imagined a new impulsive force. At present the heart appears to be considered as a pump; but the mechanism by which the sucking is produced, has not been shown in a satisfactory manner. Some physiologists supposed that the muscular fibres of the heart were endowed with an active power for dilating its cavities;* others, that these cavities, after being contracted, return by their own elasticity to the same state of dilatation, and thus form a relative vacuum;† others also were of opinion, that the simple cessation of contraction, without the assistance of elasticity, or of an active dilatating force, was sufficient to produce the virtual vacuum.‡

These opinions appear to rest more on the apparent necessity of the sucking power, than on the evident proof that it exists in the heart. The fact that a relative vacuum exists around the heart, and that this vacuum is increased by every dilatation of the chest, has placed the question in another point of view. Thus, when a tube, the outer extremity of which is immersed in a coloured liquid, is introduced into the pericardium of a living animal, the liquid is strongly sucked into the pericardium, but with much more force during inspiration than expiration. This experiment completely shows that the heart of living warm-blooded animals has not been properly examined. According to the method of making experiments, adopted at the present time, the heart, considered as a mechanical instrument, is rendered imperfect, before the senses can examine the play of this important organ; and the alteration which the heart undergoes by the destruction of the vacuum, an inevitable effect of its exposure to the air, has been entirely overlooked. The admirable application of the sense of hearing to this difficult study, by Professor Laennec, forms, however, a brilliant exception; this great physician justly observed, that auscultation gives a more exact knowledge of the motions of the heart, than can possibly be obtained from any other means, because the relative state of the animal and of the organ is not influenced by the examination.

The remarkable analysis which he has given of the sounds produced by the action of the different cavities of the heart, completely proves this assertion. Harvey, after having made positive experiments on the

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* Annales des Sciences Naturelles, Juin, 1827.

† "Et sic dum apex ad basim appropinquat, latera in orbem distendi, et cavitates dilatari, et ventriculos cucurbitulæ formam acquirere, et sanguinem introsumere." (Harvey, De motu cordis, cap. 11.)

‡ "Neque verum est, quod vulgo creditur, cor, ullo motu suo aut distentione, sanguinem in ventriculis attrahere." (H., ibid.)

* Bichat, Anat. Gén. T. III. p. 496; Magendie, Précis Elém. de Phys. Ed. 1. t. II. p. 245.

† Magendie, op. cit. Ed. 2. p. 397.

‡ Beclard, Anat. Gén., p. 399.

motions and contractions of the heart, says,—

1st. That when the ventricles contract, the heart is moved, raised, and apparently elongated into a cone, the extremity of which strikes at the same time against the ribs.*

2d. That at the time the ventricles are filled, the heart descends towards its base, and ceases to contract.† He does not explain how these motions are produced; on the contrary, he confesses that there is something in the motions of the heart which he does not understand.‡ Those who have commented on the observations of Harvey, say that the heart is shortened in the systole, by contracting from its apex to the base; and, in order to explain how it strikes at the same time against the ribs at a distance from it, they say that the aorta, up to that time almost empty, being refilled by the discharge of the ventricles, and the curve which it formed§ becoming straighter, carries the heart against the ribs, assisted by the simultaneous distention of the auricles.

The fact that the heart executes its functions in a relative vacuum, being at present beyond doubt—and this fact having been unknown to Harvey and his commentators, it becomes important to study the operations of this organ, without destroying the vacuum in which it is situated. Dr. Barry then states seven experiments which he made, the first three of which we shall relate.

First Experiment.

On the 29th of July, 1825, having made a large opening into the trachea of a horse placed on his back, I made an incision into the integuments and muscles of the belly, behind the ensiform cartilage, and to the left of the linea alba; then I introduced my right hand into the abdomen, directing it towards the diaphragm. When my fore-arm had almost entirely penetrated into this opening, it filled it so that the atmospheric air could not penetrate. I separated the muscular fibres of the diaphragm with the nail of the fore-finger, and pushed my hand into the left cavity of the chest. The back of my hand was situated near the lung, the palm towards the heart; the external wound corresponded to the superior third of my humerus. The opening made in the diaphragm compressed the upper parts of my fore-arm. During the time my hand was in the chest of the animal, I observed the following facts:—

1st. The aorta immediately attracted my attention; I held it in my hand near its arch; it was full, and resembled the pipe of a fire-engine in full play, and almost equalled it in size; it had no perceptible pulsation except when I strongly pressed it, and even then it was difficult to distinguish this pulsation from the shock which the motions of the heart communicated to the viscera of the chest. During the five minutes which I held the aorta, this vessel did not undergo the slightest diminution in size.

2d. During the time I held the aorta, the heart constantly preserved a violent but regular motion between the vertebral column and the base of the ensiform cartilage, and which might be compared to that of the piston of a steam engine. I felt the coronary vessels strike against my arm, which was in contact with the pleura, covering the pericardium. That part of my arm on which the heart glided in its ascent and descent between the base of the lungs and ensiform cartilage, was nearly an inch and half in extent.

3d. I tried to assure myself if the ventricles contracted when the heart was elevated or depressed, but I could not succeed. It was just as difficult to ascertain the alternate action of the left auricle and ventricle.

4th. After this examination, I carried my hand behind by bending my wrist; I ruptured the mediastinum which extends from the pericardium to the diaphragm, and introduced my hand into the right cavity of the chest. The distance from the spot where the inferior vena cava passes through the diaphragm to its termination in the heart is five or six inches. I took the vein between my fingers; when the horse inspired, it increased so as to fill my hand; during expiration, on the contrary, it diminished in such a degree, that there only remained a flabby and very thin membrane between my fingers. I pressed the vein so as to be assured of its changes, which I observed with the greatest care, and found that the vein was always full when the chest of the animal was enlarged, and that it diminished during expiration; the course of the blood could also be felt when it proceeded towards the heart on each inspiration.

I thus kept my hand and fore-arm for twenty minutes in the interior of the thorax, and during this time the horse respired

* "Quod erigitur cor, et in mucronem se sursum elevat, sic ut illo tempore ferire pectus, et foris sentire pulsatio possit." (Op. cit., cap. 2.) "Ita ut minoris magnitudinis et longiusculum appareat." (Ibid.)

† "Dum laxatur et concidit, recipit sanguinem." (Loc. cit.)

‡ Illud forsan in cordis motu eveniat nunc, ut alii hinc saltem, hâc datâ viâ, felicioribus freti ingeniis, rei rectius gerendæ, et melius inquirendi occasionem capiant." (Op. cit., cap. 1.)

§ Senac, W. Hunter Richerand.

with force and regularity by the opening made in his trachea. My hand not being in a favourable position for the examination of the heart in the right cavity of the chest, I withdrew it; the animal respired with almost as great energy as at the beginning of the experiment, but it was killed a short time after.

Second Experiment.

Not having yet determined with sufficient precision the manner by which the heart contracts, nor the influence which its motions exercise on the venous blood, I introduced my left hand into the right cavity of the chest of a rather vigorous horse, by taking the same precaution as in the preceding experiment.

I observed the following facts:—

1st. I took the heart in my hand, a few inches below its apex, and in such a manner that my fingers were placed on the right and my thumb on the left ventricle. When the heart proceeded towards the ensiform cartilage, it diminished in size, became harder, and presented inequalities, such as are observed when the muscles of a limb are strongly contracted. When, on the contrary, it descended towards the back, it became softer, the inequalities disappeared, it swelled, and filled my hand.

2d. I perceived the vena-azygos ascending on the right bronchus; it was not diminished during expiration, as was observed with respect to the inferior vena-cava, but remained distended during inspiration and expiration. I was certain of this, and thought that I could distinguish in this vessel a kind of pulsation corresponding to the contraction of the ventricles. Dr. Jones of Paris, who assisted me in repeating this experiment, having introduced his hand into the chest, drew my attention to the state of distention in which the vena azygos remained during expiration.

3d. I found the right auricle, and in order to judge with more accuracy of its motions I ruptured the pericardium, and put my hand in contact with this auricle, and at the same time with the base of the ventricle. As this was the most important step of the experiment I prolonged the examination, and was completely assured that, when the ventricle ascended, and withdrew from my hand, the appendix swelled and pressed it; and that, when the ventricle resumed its place, the appendix withdrew and could not be felt. The alternate contraction of the appendix and right ventricle was very regular. The whole experiment lasted eleven minutes.

From these two experiments, which I carefully repeated, and which are easily verified, the following conclusions may be drawn:—

1st. That what Harvey said of the contractions and motions of the heart is perfectly correct.

2d. That the appendix *alone*, to which Haller * and Boerhaave † exclusively apply the word *auricula*, (and there is reason to believe that it was the opinion of Harvey,) contracts and fills alternately with the ventricles. In other words, it is certain that if a tube, plunged into a coloured liquid, be introduced into the heart of a living animal, that is to say, into the venous sinus of the right side, either by the superior or inferior vena cava, the liquid is sucked into the heart, but only during inspirations.

3d. That the striking of the heart against the ribs at the time of its contraction, cannot be caused by the dilatation of the aorta, since this vessel always remains full, without ever diminishing in size.

We will now consider the air cells of the lungs, as well as the heart, sacs capable of being distended, and situated in cavities admitting of enlargement. We know that these sacs do not communicate with each other, nor with the cavities in which they are situated, but that they both communicate with the atmosphere, the lungs immediately by the trachea, the heart through the medium of the veins.

Let us suppose that all the parietes of the chest can, as the ribs and sternum, resist the pressure of the atmosphere, and that they proceed from their common centre with equal force and regularity, the heart would then be obliged to fill the cavity of the mediastinum as exactly as the lungs fill the thoracic cavities on each side. But during the expansion of a chest, like the one which I have just imagined, the heart could not drive before it a drop of blood by the aorta, nor the lungs a bubble of air by the trachea, because there would be nothing yielding to replace the expelled blood or air. When the great cavity, which extends equally on all sides, shall have ceased to force either the heart or the lungs to be dilated, the heart, being composed of powerful muscles, would naturally contract, and, by expelling a portion of its contents, diminish in size; the parietes of the great cavity would approach the common centre, and a certain quantity of air would be expelled from the lungs. Hence the heart and air cells would be filled and empty at the same time, or, in other words, the quickness of the pulse and respiration would be equal. But, in mammalia, the walls which separate the chest from the abdomen are entirely composed of membranes and muscles, and this septum is ad-

* "In appendice quæ peculiariter *auricula* vocatur." (T. I. lib. 4. sect. 2.)

† Vid. Inst. rei mediscænt, 135.

herent, almost in all its circumference, to the cartilages of the ribs, and to the ensiform cartilage; whilst the heart, a powerful and isolated muscle, is connected with this membrane or diaphragm. It therefore results that the heart, composed of several cavities placed obliquely, presenting different degrees of resistance, and separated by valves, resists distention much more than the lungs. The ventricles, since they are the most muscular part, are making continual efforts at contraction, proportioned to the power which they have of conquering the resistance of the diaphragm, and of the elastic bodies to which it adheres. On the other hand, the diaphragm and the substances to which it is attached react, and force the heart to occupy the space which they leave empty. The ventricles being full, and exactly occupying the cavities in which they are situated, form, on contracting, a vacuum around them; in order to fill this vacuum, it is manifest that something must yield to the pressure of the atmosphere. The diaphragm, the ensiform cartilage, and the ribs, are elongated from the centre in inspiration; but the muscular power of the ventricles becomes stronger for an instant, and forces them to return. Again, these organs react on the heart, and draw with them the sac which contains it; and the heart itself is forced, both by the pressure of the atmosphere and of the muscles acting on the venous blood, to follow this motion, and thus to prevent the momentary separation which would take place between the outer and inner surface of the surrounding cavity; it is that which explains how the heart strikes against the ribs when it contracts. The heart thus forced to recede from the back, makes the venous sinus dilate, and at the same time leaves at its base an empty space, which the appendices, when filled, immediately occupy.

The ventricles, by becoming distended, allow the appendices to contract and expel the blood, which they contained, into the ventricles; the ventricular portion of the heart is then in its natural position and fullness, and the ventricles, by means of the expansion of their base, occupy nearly the same space which the contraction of the appendices left empty. The blood, which is drawn towards the heart by the dilatation of the chest and of the venous reservoirs, is sufficient for all these motions during inspiration.

During expiration, on the contrary, every kind of vacuum ceases to exist in the chest, excepting that which, as we have before proved, is occasioned by the contractions of the heart. Hence all the great thoracic veins are found to be compressed, and their blood is carried towards this vacuum. When the parietes of the chest are in a state of rest, the vena-azygos maintains the communication between the heart and the blood drawn by inspiration above the iliac valves, and furnishes, for several seconds, the blood which is necessary to fill the vacua caused in the venous sinuses, by the locomotion of the heart already indicated.

The effort between the elasticity of the diaphragm and its relations on one side, and the contraction and gravitation of the heart on the other, can be observed when the horse is placed on his back; it is also observed in the painful oscillations of the epigastrium, which accompany the violent action of the ventricles when affected with hypertrophia.

The effect of the locomotion of the heart on the blood of the venous sinuses, is proved by the following experiment.

Third Experiment.

I put on a table the thoracic viscera of a sheep recently killed, in the position which they occupy in the body of the animal, supposing it to be placed on its back. I placed, in one of the pulmonary veins on each side, in the inferior vena cava, and according to the direction of the heart, three tubes of glass curved so as to admit of their being introduced into vessels filled with coloured liquid. I closed, by means of a ligature, the aorta, the vena-azygos, and superior vena cava; the fibrous sac of the pericardium had already been removed.

Having plunged the tubes into the coloured water, I raised the heart, and drew it from right to left, by means of a hook inserted into the upper part of this organ; the coloured water ascended in the tube to a height proportionate to the tension exercised on the venous sinus; the least motion of the heart on its base made the liquid ascend in the tubes: artificial respiration produced the same effect.

Dr. Barry then relates some experiments in order to prove, that the contractile force of the heart, and the expansive powers of the parts attached to the cavity which contains it, tend to produce a vacuum around this organ, several hours even after the death of the animal.

From the results of the preceding experiments, and the proofs which we have had of the influence of atmospheric pressure on the centripetal fluids, we may conclude, I think, that the passage of the blood across the heart is produced in the following manner:—

1st. The expansion of the chest and of the reservoirs situated behind the heart, draws the blood which fills the great veins into the interior of the muscular sacs, so as to fill the space which the contractions or motions of the heart left empty.

2d. When the ventricles which are in

immediate contact with the interior of the cavity in which they are situated contract, they necessarily move from their base towards their common apex, they then expel a portion of their blood into the great arteries, and the space thus left empty is immediately occupied by the swelling of the appendices.

3d. The parts, which the contraction of the ventricles had forced to yield, react, and, assisted by the contraction of the appendices and of the reservoirs placed behind, oblige the ventricles to yield in their turn and receive blood, and to return into their former situation. Thus the full ventricles and contracted appendices occupy the same space which the contracted ventricles and full appendices did a moment before.

4th. The great arteries, at their origin, are situated in the same relative vacuum as the heart, and, consequently, remaining in a state of forced dilatation, they are always full; but, as they are continually resisting the force which tends to dilate them, they send, without interruption, a current of blood towards their extremities.

5th. The ventricles being always forced to fill the cavities in which they are situated, and always reacting against the force which dilates them, also send a continual current of blood into the arteries; but as soon as the contractions of the appendices have ceased to compel them to dilate, they contract with very great rapidity, and increase this current, so as nearly to produce a jet. Such is the cause of the arterial pulse.

6th. The venous reservoirs near the heart always contracting on their contents, send a quantity of blood towards the vacuum in the mediastinum, and consequently into the aorta, across the ventricles. When the auriculo-ventricular valves are raised, this blood is directed towards the appendices, which, by their rapid distention, compensate for the diminution in size of the ventricles, in short, that the heart always occupies the same space. When the valves are depressed, the current of the blood is maintained both by the appendices and reservoirs, which force it across the ventricles.

7th. It has been already proved, that the venous sinuses are in progressive distention, from the beginning to the end of inspiration. During expiration, the parietes of the chest, by contracting, carry the lungs against the mediastinum, destroy the tendency to a vacuum which existed between the two pleuræ during inspiration, and compress the venous reservoirs. The appendices are sheltered from their pressure, only by their position.

8th. The ventricular portion of the heart, either during inspiration or expiration, is not sufficiently large to fill the cavity in which it is situated, at least to be in a state of forced dilatation. Thus, at the end of expiration, after the ribs and sternum have yielded, and the diaphragm is raised as high as possible in the chest, the heart by contracting in a continued manner, obliges the lungs to dilate a little, in order to fill the vacuum which, without it, would be formed between them and the mediastinum. The air rushes into the lungs, and distends them; the intercostal muscles contract, and inspiration begins.

9th. The healthy heart is always capable of preventing its proper dilatation being carried beyond a certain limit, and that by the expulsion of a part of its contents; but it can only oppose this resistance for a certain space of time.

10th. For the purpose of resistance, it is entirely composed of very strong muscular fibres, and it is furnished with valves arranged so as to favour the reception and expulsion of the blood by the different openings.

11th. In order that the heart be compelled to dilate itself, it is placed in a cavity which has a tendency to a vacuum, and the parietes of which only follow it at a certain distance.

12th. In all vertebrated animals, these same parietes attached to parts, placed so as to act as antagonists of the contracting force of the ventricles. An attentive examination of the ensiform cartilage in the horse, rabbit, and frog-genus, and of the curious manner in which it is attached to the diaphragm and pericardium in all animals, will justify this reasoning.

13th. It is more than probable, that the vena-azygos contributes to furnish blood to the heart at the intervals of the great aspiration of this liquid, produced by the expansion of the chest, and of the venous reservoirs; for the situation of this vein causes it to be filled in its whole extent during inspiration. The situation of its valves, when they exist, causes it not to be diminished as the inferior vena cava. It is never provided with a valve, to hinder the blood arriving from the abdomen,* and it is compressed between the two pleura during expiration.

14th. The situation of the appendices, one of which is placed at the base of each ventricle; their form, when they are dilated, and when they are found empty, render these organs particularly fit to fill the vacuum which the ventricles, on contracting, left towards their base.

15th. It is now easy to conceive how certain animals, which only respire air, can exist a long time under water; they are

* Bichat. Anat. Gén.

provided with large venous reservoirs, similar to that which has been stated to exist in *seals*, *sea-divers*, and the *cetaceous* animals.* These reservoirs are placed as near as possible to the chest, but external to it, so as to be exposed to a constant pressure of fluid which surrounds them, and which pushes the blood which they contained across the heart.

16th. We therefore see, that these animals are obliged to come, from time to time, at the surface of the water, to fill their reservoirs by a new expansion of the chest. Thus we now see, that the true antagonists of the muscles of the heart are the inspiratory muscles, and the elastic parietes of the chest, and that contractility alone produces every motion necessary, as well for circulation as respiration. The cavities of the heart are pumps, whilst the organ taken as a whole, produces, by its motions, the effect of the piston of a sucking pump placed in the middle of the chest; but this piston is hollow, and, by the effect of its position, being forced to dilate, it maintains a continual struggle against the powers which act on it.

Moreover, art could never imitate this species of pump, because it could not give active contractility. As physiology is only useful in so much as it contributes to the advancement of science, I shall deduce, from the considerations and experiments already cited, the following pathological propositions:—

1st. When the contractile force of the heart does not offer sufficient resistance to the power which dilates it, there is a tendency to a morbid dilatation of the cavities of this organ; and if, on the contrary, this power is too weak, the heart tends to contract and produce the diminution of its cavities.

2d. The two sounds which the heart presents to auscultation, are produced by the dilatation of its cavities, and not by their contraction.

3d. The first sound, which does not always correspond to the arterial pulsations, is the result of the expansion of the appendices, and the second of that of the ventricles.

4th. In the case of hypertrophia of the heart, when its contractions are stronger, the sounds, intead of being more vivid, are much more dull; whilst the impulse is stronger, for the reasons already advanced.

5th. If, on the contrary, the parietes of the heart are found thin, and the cavities dilated, the sounds are clear, but the contraction and the impulse weaker.

6th. Hence, according as the one or other of the two sounds is more or less clear, the state of hypertrophia, or atrophia, with or without dilatation of the cavities, can be accurately ascertained.

* Cuvier, Lec. d'Anat. Comp. Tom. IV. p. 265 et 274; Haller, Phys. Lib. 4. sect. 2. tom. 1.

LATE INQUEST AT THE ST. PANCRAS INFIRMARY.

To the Editor of THE LANCET.

SIR,—In THE LANCET of Saturday, September 1st, you state your intention of bringing the subject of Lunatic Asylums before your readers, and, by way of commencement, you insert a statement *purporting* to be an account of the evidence given at an Inquest held at St. Pancras, on the body of Ann Goldstock, a pauper lunatic, who died at the White House, Bethnal-green. An erroneous report of the said inquest having appeared in the *Morning Herald* of the 20th ult, I deemed it necessary to procure a correct copy of the several depositions sworn to on that occasion, and to request the editor to give it insertion, for the purpose of correcting impressions which might prove injurious to myself and others. This statement was inserted in the *Morning Herald* of the 25th ult.; on that occasion I carefully abstained from publishing any remarks, considering the evidence alone sufficient to remedy the unintentional inaccuracies of the reporter. I feel it necessary, however, on the present occasion, not only to insert the statement published in the *Herald*, for the purpose of giving your readers a fair view of the gross falsehoods and wilful misrepresentations, which the author of the statement in THE LANCET has thought fit to introduce, but also to accompany it with a few remarks, and some little information concerning the manner in which the inquest was got up.

The readiness you have ever shown to correct statements prejudicial to individual character inserted in your columns, induces me to request, without fear of a refusal, the insertion of the following.

I am, Sir,
Your very obedient servant,
HENRY BRESTON.

12, Old Broad-street, Sep. 7, 1827.

The woman in question, after an illness of about seven weeks, died on the 13th of August last, at the White House; she was removed a day or two after to St. Pancras, without any notice being given, either to

Mr. Jennings of the White House, Mr. Dunston, or myself, that it was the intention to hold an inquest on the body, and the post-mortem examination was made without either Mr. Dunston or myself being requested to be present. The impropriety of removing the body from place to place previously to the inquest being held, will, I think, be allowed by every body, as well as the want of etiquette and common decency manifested towards the medical attendants of the deceased, in not inviting them to be present to judge of the post-mortem appearances for themselves; but no, the intention was, to keep them in total ignorance until a verdict of a particular tendency should have appeared in the public papers; and had it not been for the coroner's clerk, who took the trouble to send the summoning officer to the White House, for the purpose of learning who the deceased's medical attendants were, and for evidence to prove the time of the death of the lunatic, neither of them would have been present; as it was, I only received information of the inquest, in Old Broad-street, at two o'clock on the day on which the inquest, appointed for three, was to be holden at St. Pancras, and I arrived a few moments before it took place, and without the slightest opportunity of consulting my memoranda, for the purpose of refreshing my memory with the particulars of the case.

The following is the evidence brought forward at the inquest, and by comparing it with the statement published in THE LANCET, your readers will have some opportunity of judging whether the misrepresentations, &c. are accidental or wilful.

To the Editor of the MORNING HERALD.

SIR,—The report in the *Morning Herald* of Monday, the 20th instant, of an inquest held at St. Pancras, on the body of Ann Goldstock, being erroneous, and consequently injurious to individual character, and presuming you will feel anxious to correct such injurious reports, I enclose a copy of the several depositions, made on oath, by Dr. Sigmond, Mr. Wright, Mr. Dillon, and myself, not doubting but that you will give them the same ready insertion you have previously done that of Dr. Roots.

I am, Sir,
Your very obedient servant,
HENRY BEESTON.

12, Old Broad-street.

Dr. George Sigmond—Had never seen the deceased previous to the 14th of July last; found her at the White House, Bethnal-green, whither witness went with Mr. Dillon, at his (Mr. D.'s) request, to visit the pauper lunatics there; found her in a state of great emaciation and debility. She was not capable of moving without the support of the table (what might be called crawling along); the complaint that she made was, that her bowels had been acted upon twenty or thirty times during the course of the day; that she was prevented sleeping at night by the noise that was made by the other lunatics. *The question was put to her whether she had any medical treatment. She said she had nothing done for her.* She was asked if any thing had been given to her, and it appeared that a little brandy had been given shortly before. She was perfectly rational during her conversation with witness. She appeared about 50. She said she had been ill three weeks; conceived her to be in a dangerous state; saw her again on the 30th July; she was then in bed, and seemed better altogether, and did not complain of her treatment. *She seemed* perfectly rational. She said, on the 14th of July, that she had been with the other lunatics in the yard, in the day time. On the 14th, she ought to have been in bed; in the state in which she was, she was not fitted to be about. Understood she was brought out of bed to see witness; that she had been sent to bed that morning. Mrs. Jennings, the superintendent of the house, was present. Brandy and opium were recommended by Mr. Dillon to be given to deceased. Mrs. Jennings did not contradict deceased's statement. It is difficult for witness to say what was the first cause of her illness. Did not assign a reason as to the cause of her disease. Said she had been in good health previous to coming there. Made no complaint of ill-treatment, except that she was shut up without a cause, and neglected as to medical treatment. Considered that medical assistance should have been earlier afforded her. *Witness did not consider that inflammation had taken place.* Did not see her after the 30th July. Considered her in very imminent danger the first time witness saw her. Taking her out of bed on the 14th of July was injudicious.

Henry Beeston—Has attended since the latter end of May, in consequence of the absence of Mr. Dunston, *occasioned by the illness of his wife, now deceased.* Saw Ann Goldstock first about the 15th of June last. About a week after she was attacked with a bowel complaint, she had given to her a composition (kept in the house in case of accident) of calomel and opium, in the form of pills, and a mixture composed of prepared chalk and tincture of opium. She continued ill for about ten days. In two or three days after, the 2d of July, witness ordered her to be taken down stairs for the benefit of the air. As she was in a very weak state, the diet that was ordered her was nutritious broths, and she had powders composed of

Columba root. About the 15th of July she was again taken ill with a similar complaint, from the effects of which she never recovered. Her diet consisted of port wine and arrow-root and sago, and brandy diluted with water for her common drink. She died on Monday morning last, witness considers of *diarrhœa. Mr. Dunston visited her three times in the course of witness's attendance. Mr. Cordell, a surgeon, attended there daily, and saw the deceased whenever witness desired.* She complained of no bad treatment of the house. Saw the medicine administered to her, *as well as the food, several times.* Was not present when Mr. Dillon called. Saw her on the 13th of July. She was very weak from former illness; did not consider her then in danger. Did not see her on the 14th of July. Witness attended on the 15th, at the request of Mr. Jennings. Never saw her confined in one of the straw rooms. Did not consider there was inflammation at any time.

Charles Wm. Wright, of the St. Pancras Infirmary, surgeon.—Sent the deceased, on the 13th of June, 1827, to the White House. Saw her once since that time, but not to take particular notice. Was asked to examine the body of deceased, in conjunction with Mr. Dillon and other medical men. Examined the body on the 16th. Understood she had been brought into the dead house the night before. A body having been dead three days, there would be a change externally, but not much internally, but there was no particular change. Did not open the body himself. There was inflammation of a chronic form, and ulceration of the intestines. The inflammation might have been existing a length of time, *probably before she was sent from the infirmary.* The *post mortem* examination proved she died of inflammatory disease. There was a slight chronic inflammation of the brain, and thickening of the membranes. Saw nothing in the intestinal canal approaching to gangrene. Thinks that mental affection would produce debility, and that inflammation might ensue.

Garret Dillon.—Saw deceased, for the first time, on the 14th of July. She said she was fifty years old, that she had been very ill since her admission into that house. Understood *from deceased* that she had no medical attendance up to that time. She was collected on the 14th of July. Considered she was labouring *under an inflammation of the mucous membrane of the intestines,* under which witness supposed she had been labouring some time. She was so sunk and debilitated, that witness suggested that a dose of brandy and opium should be given to her, and that a medical man should be called to her. She was severely purged, and stated that she had had no sleep, from being put with the noisy lunatics. At that time she was perfectly composed. She made her statement in the presence of Mr. Jennings, and Dr. Sigmond made no further suggestion as to the treatment of her disease. Reported the facts to the Directors of the poor of this parish on the following Tuesday, and, in conformity with their wish, visited her that day, in order that she might be removed to the Parish Infirmary, should she be in a fit state. Found her in the Infirmary, in a comfortable bed, at the White House. She told witness she had been visited by the medical man, and attended to. *She was certainly better in bodily health.* Did not consider it safe to move her; and, understanding she had a medical man to attend her, witness allowed her to remain. Never saw her before the 14th of July. Was of opinion, that she had not been attended to previous to the 14th. She was not so composed in her mind on the 17th. Observed to Mrs. Jennings, on the 14th, that she ought to be a bed in the Infirmary. Learned that she had been in bed, and brought out that day, to be seen by witness and Dr. Sigmond. She said, on the 14th, that she had been in the Hall, amongst the other patients.

Dr. Roots, of Guildford-street, Russell-square.—Saw the deceased at the request of the Directors of St. Pancras, on the 3d of August, at Bethnal Green. Found her in bed very ill, and very weak and febrile, and evidently labouring under a disease of the mucous membrane of the intestines, and probably ulceration had ensued. She was in a comfortable bed, and witness was informed that she had a medical attendant who saw her every day. Was shown a bottle containing a mixture, which was probably chalk mixture, with opium. Witness was informed that she had beef tea, arrow root, gruel, and four or five glasses of wine, in twenty-four hours, and brandy and water for common drink. There appeared a very remote hope of her recovery, and reported to the Board accordingly. Did not see her again. Witness suggested to Mr. Jennings, that she should have a litte less wine, that the brandy should be omitted altogether, and that leeches should be applied to the abdomen, and also a blister. Was informed she was labouring under a severe diarrhœa.

Mr. Dillon, in his address to the coroner and jury, states, the deceased was neglected from the commencement of her illness, up to the 14th of July (the day he first visited her). Now what ground has Mr. Dillon for that assertion? *The statement, forsooth, of the lunatic herself*; and without inquiring of the medical attendants of the house, whether she had been prescribed for or not—he, poor credulous man, runs with open mouth,

a few days after, to the parish directors, stating what the poor *lunatic* asserted, and adding, that unless proper medical assistance should be rendered to her, she would certainly die in twenty-four hours; and, in this opinion, he is joined by his friend Dr. Sigmond. So that both these gentlemen, according to their own showing, left the woman, believing she had no medical attendant, (with only a recommendation, made to an unprofessional person, that she should have *some* brandy and opium, without stating the quantities,) *for the space of three days, when it was their firm belief she would die in twenty-four hours*, and without coming to inquire, whether the request that a medical gentleman should be sent for, had been complied with. *I think* I may venture to confront my deposition on oath with the statements of a *lunatic*; and if so, it furnishes a complete refutation of the charge of neglect up to the 14th of July, (as stated by Mr. Dillon,) unless that gentleman means to charge *himself* with neglect, and this I think *his own* assertions fully substantiate; and, as he says, "she was certainly better in bodily health on the 17th;" and his friend, Dr. Sigmond, "that she was better altogether on the 30th of July;" *their own evidence proves she had proper medical assistance, for without it they state she would have died in twenty-four hours.*

As a contradiction to the assertion, that the patients were left solely under my care from May to July, you will find it stated in my evidence that a surgeon attended daily at the White House, and that Mr. Dunston saw the deceased three times during my attendance. The cause of Mr. Dunston's absence is also omitted. It would have been but fair for the author of the statement in question to have inserted it.

The assertion that the pills composed of calomel and opium are used in *all complaints of the bowels*, is too insignificant to notice, as well as the insinuation that I did not know the quantities of the ingredients comprising them. I certainly said I could not *swear* to the exact quantities without consulting my memoranda; but I stated, to the best of my belief, that they were composed of about three grains of the pill of soap and opium, and between one and two grains of calomel, and not the *reverse*, as stated in THE LANCET. They are five-grain pills, composed of three and a half grains of the pill of soap and opium, and one and a half of calomel; so that I was as nearly correct as possible.

That I prescribe, in many cases, from the reports of the nurses, without examining the patients, is totally false. I stated, in answer to a question from Dr. Sigmond, "Whether I consulted the patients themselves, or attended only to the reports of the nurses?" that my rule was, to judge for myself as far as I was able; but that, for information concerning the habit of body, &c., I invariably questioned the nurse in attendance upon the *lunatic* in preference to the *lunatic herself*. It is true, therefore, that I am not in the habit *of placing such implicit confidence in the statements of lunatics* as Dr. Sigmond and Mr. Dillon are; and although these gentlemen of course possess greater experience in these matters than myself, I find no reasons adduced against the propriety of my practice to induce me to alter it: on the contrary, their practice is likely to lead to the most mischievous results.

For example—A lunatic, of the name of Sharpe, states to me, one moment, that his bowels have not been relieved since his admission (a period of more than two months), and the next, that they have been acted upon ten or twelve times a day.

Query—What mode of treatment would the gentlemen adopt?

Another man states that he has not a drop of blood in his body; according to Dr. Sigmond and Mr. Dillon, I ought to perform the operation of transfusion.

I have also to state, that Dr. Sigmond was not authorised to visit the establishment at all, and was only permitted, out of courtesy, to accompany his friend Mr. Dillon. It is clear, however, from the notes he took, for what purpose his visit was made, and his subsequent conduct sufficiently proves it.

As to my mistaking the nature of the disease, I am content to rest my accuracy upon the evidence of those present at the examination of the body; for what are the post mortem appearances of a "chronic diarrhœa?" but inflammation and ulceration of the mucous membrane of the intestines: and neither Mr. Dillon, nor his friend Dr. Sigmond, agree as to the time when inflammation took place. Mr. Dillon states she was suffering from inflammation on *the 14th of July*, Dr. Sigmond not considering that inflammation had taken place on the 30th of that month.

Previously to delivering their verdict, the Jury expressed their opinion that they had been called together unnecessarily. The verdict was, *simply*, "Died by the Visitation of God." I was present, and heard no imputation of neglect. If there *was* such an imputation, it must have referred to Mr. Dillon, who proved so satisfactorily the inutility of *his* visits, that *a Juror recommended to the parish the immediate curtailment of so unnecessary an expense.*

ON THE MEDICAL PROFESSION IN THE NAVY. BY AN OLD NAVAL SURGEON.

HAVING heard it more than once remarked, as a proof of the Lord High Admiral's wish to do justice in every department of the navy, that he has declared, that in future the vacancies for physicians and surgeons of naval hospitals, dock yards, &c., shall be filled up from the navy surgeons' list, and that no civil practitioner who has not served in the public service afloat, shall be deemed eligible for any of these situations: I beg leave to remind those whom it may concern, that a regulation to the same effect has existed for twenty-two years, having been established by an order in council, in the year 1805.

The truth is, it is a matter of no consequence to the public at large, whether the superior medical situations connected with the navy be filled by persons taken from the list of navy surgeons, or by civil practitioners, provided the various duties attached to these situations be well and faithfully performed; and it is of little consequence to the navy surgeons generally, whether the more lucrative and comfortable situations be given to persons previously unconnected with the service, or be reserved exclusively for a chosen few, destined, from the commencement of their naval career, to enjoy them. But it is to be hoped that, by the observation above alluded to, it is meant to be understood, that his Royal Highness, in the disposal of the higher medical situations, will cause due attention to be paid to length of service; and, indeed, the appointment within these few weeks past, of a man whose name appears on the list of surgeons for the year 1798, and who has served afloat almost every day since, to be the successor of a late surgeon of a dock-yard, whose name only appears on the list of surgeons for 1802, who has not since served more than three or four years afloat, and who now retires on a civil pension, would greatly seem to strengthen this pleasing hope.

But, as justice to all parties, patients as well as doctors, is undoubtedly a most desirable object, and, as admirals are but indifferent judges of medical and surgical skill, it is greatly to be wished, when the higher medical or surgical situations connected with the navy are about to be disposed of, that all navy surgeons of a certain standing or time of service, should be invited to offer themselves as candidates, to exhibit individually not only their paper, but their mental and manual qualifications, publicly in the presence of professional men, capable of judging to whom the reward of merit, application, and study, is really due.

This idea is not new: the same plan is pursued by the French in their *Concours*, for the election of medical men to fill their higher civil medical and chirurgical situations. How far it would be practicable in our navy, I am not prepared to say; but, that it would be practicable to a certain extent, that is, that a certain number selected by, or within the reach of, the medical commissioners, might be so invited to offer themselves as candidates, I am certain; and that the adoption of such a plan would be the best possible stimulus to excite the exertions of the navy surgeons and assistants, persons certainly placed in the most unfavourable circumstances imaginable, to keep pace with the progress of their profession, and creditably to perform the duties of their respective stations, cannot admit of a moment's hesitation or doubt. And having alluded to the unfavourable situation of naval medical men, for keeping up their stock of medical knowledge, perhaps you will permit me to make an observation or two, on three letters which have appeared in three recent Numbers of your valuable publication, regarding the situation of assistant surgeons in the navy.

It appears to me that your correspondent, "An Assistant Surgeon in the Navy," has accurately enough described the actual situation of assistant surgeons afloat; and, in so doing, that he has done a meritorious service to his younger brethren in the profession, by warning them, if they are not already aware, of what they are to expect on entering the navy; but when he says that assistant surgeons are "*degraded*" by messing with midshipmen, designates midshipmen as "unruly boys," and tells us that the education of an assistant surgeon entitles him to rank with any lieutenant, master, purser, or marine officer, he certainly forgets himself. Your correspondent, "G. H. H.," of Dublin, comments severely and justly on this latter part of the "Assistant Surgeon's" letter, but endeavours to prove, by arguments more witty than solid, that the assistant surgeons are already too well off; and your correspondent, "Nauticus," seems to agree with him, as far as Scotch and Irish assistants are concerned, but insists that "an *English gentleman* requires, and should have better accommodation than a cockpit can afford."

Now, Sir, I am humbly of opinion, that they are all wrong. The treatment of assistant surgeons in the navy, is just such as the regulations of the service dictate; and the assistant surgeons are not pressed into the service, but enter it voluntarily, taking it as a wife, for better or for worse; and while, on the one hand, they are certainly entitled to all the benefit of the regulations and conditions on which they enter the service, they

have no right on the other, having voluntarily entered on these conditions, to turn round and say, they are maltreated and unjustly dealt with.

But the question is not, or should not be, are the regulations at present established for the treatment of assistant surgeons in the navy such as to do justice to these individuals? The question should be—are the regulations at present established for the treatment of assistant surgeons in the navy, such as are calculated to promote the best interests of the service and the country? And if such were the question, I think the answer would be, decidedly, No! However just it may be, that an assistant surgeon who voluntarily enters the navy, but cannot, in peace, expect promotion in less than six, eight, ten, twelve, or more years, should only be allowed three years of that time towards a claim for retirement, which every man naturally looks forward to, it is not likely that young men of sufficient talent and education to render them respectable, will long be found willing to enter the service with such unfavourable prospects; and, however just it may be towards even the best qualified assistant surgeons who may enter, knowing the rules of the service, that they should live in the cockpit without the use of a cabin, and mess in a crowded midshipman's berth, it is impossible for them, under these circumstances, so long continued as the time they usually serve at present, before they are promoted, to keep up their stock of professional knowledge, and to keep pace with the progress of science, so as to render them safe and proper future guardians of the health and lives of that most useful class of his Majesty's subjects of whom your correspondent, G. H. H., is himself a member, as respectable, I make not the slightest doubt, and as worthy, as he is witty.

For these reasons, therefore, the improvement of the situation of assistant surgeons in the navy, seems, independently of right or justice, a measure of prudence, policy, and necessity.

London, August 20, 1827.

[We have received several communications upon this subject, but as they contain nearly the same observations, the insertion of the above will suffice. Some of our Correspondents have expressed their displeasure at the remarks of G. H. H., inserted in a former Number; for our own parts, however, we look upon them merely as innocent pleasantries. Each party has had its say; and we may now add, in conclusion, that, in our opinion, the Assistant Surgeon ought to have a place better calculated for the pursuit of his studies than the midshipman's berth—pleasant and laughter-stirring as it may be.—Ed.]

THE LANCET.

London, Saturday, September 15, 1827.

We hoped and expected to communicate to our readers this week, some intelligence of a gratifying nature respecting the school of St. Bartholomew's Hospital; but we are disappointed, as they will be. Indeed, on reflection, we perceive that our expectations were unreasonable. Regard for character, sensibility to shame, the usefulness and reputation of a great public establishment, are considerations that have no influence on persons capable of planning the schemes we have lately exposed, and of coolly and systematically pursuing them year after year. They will not take the broadest hints, but cling to their places with desperate firmness, determined not to let go, so long as Governors and pupils will actually tolerate them. The St. Bartholomew's advertisement has again appeared, that document which was last season acknowledged by the guilty parties to have been concocted for fraudulent purposes—that document which was the cause of such unheard of lying in the theatre of the Hospital, has been once more sent forth under the same auspices with its precursor, and contains the same meagre bill of fare. Here it is:—

"MEDICAL SCHOOL, ST. BARTHOLOMEW'S HOSPITAL.

The following Courses of Lectures will be commenced at this School, on Monday, October 1st:—

On Medicine, by Dr. Hue.

On Anatomy and Physiology, by Mr. Abernethy and Mr. Stanley.

On the Theory and Practice of Surgery, by Mr. Abernethy.

On Chemistry and Materia Medica, by Dr. Hue and Mr. J. Wheeler.

On Midwifery, by Dr. Conquest and Mr. Birch.

Practical Anatomy, with Demonstrations, by Mr. Skey and Mr. Wormald."

Whatever of intellectual honesty this

wretched catalogue exhibits to the well informed and industrious student, it holds out a brilliant prospect to the lovers of hypocrisy and mendacity. The performances, therefore, are to open at the usual time with the old company, and we must allow them the praise due to boldness, in daring to face the public again, after the battering they have received. The double disadvantage of imperfect instruction, and pernicious moral example, will deter parents and friends from intrusting those in whom they are interested to this school. It is fortunate for such as may wish, on other accounts, to attend this Hospital, that teachers of ability and character are to be found in the neighbourhood; that the new establishment in Aldersgate Street supplies what the old worn-out concern can no longer furnish, that is, instruction adapted to the present state of knowledge, and delivered by men who exert themselves conscientiously in the discharge of an important duty.

Mr. Abernethy and Mr. Stanley appear once more in concert! After directly contradicting each other in matters of fact, after mutual examination and exposure, they are again united in the bonds of friendship. The reasons for such an unnatural reconciliation must have been powerful, and the objects important. Openly in the square of the Hospital, has Mr. Stanley been proclaimed by his friend and patron, "a mean and dirty dog"—"a fellow whom no one could trust"—"contemptible alike in talents and knowledge"—yet they are now loving colleagues, and honourable friends! And we dare swear, that Mr. ABERNETHY is prepared to assert, with as much truth and sincerity as he did before, his high opinion of Stanley's qualifications, and full confidence in his goodness of heart and honourable principles!! "Of the exertions of both these gentlemen, (Lawrence and Stanley,) and the attainments of their knowledge, the world is well assured, and their character is established."—*Mr. Abernethy to the class, Lancet, Vol. XI. p. 204.*

"As to Mr. Stanley's good feelings, as to his honourable conduct on *all* occasions, and his meaning to do right, *I have no doubt.* I should not have him as an associate, if I thought otherwise!!!"—*Mr. Abernethy, ibid. p. 206.*

Since the duty of teaching anatomy, physiology, and pathology, is to devolve principally on one whose misfortune it is to be thrust into a public station for which he is totally unfit, and who is really tolerable in the humbler department of demonstration, we rejoice that another school, containing efficient men, is near at hand. If medicine and chemistry are pretended to be taught at St. Bartholomew's, by such individuals as Dr. Hue! and Mr. James Wheeler, (*who* or *what* is he? we shall be obliged to any correspondent who will tell us; he can probably, however, retail Cullen and Dr. Thomas, as well as his associate,) it is fortunate that instructors of a totally different stamp are to be found in Aldersgate Street, in the persons of Drs. CLUTTERBUCK and TWEEDIE, and Mr. J. T. COOPER. The advertisement states, that the courses of lectures will be *commenced* on the 1st of October—aye, commenced, (ominous word,) but when will they be terminated? If we mistake not, the *entre* of the chief actor will be accompanied with sounds of a more discordant nature than ever struck the astonished ear during the O. P. disturbances at the theatre in Covent Garden; and extraordinary indeed must be the materials of which he is composed, if he be not shaken—in fact driven from the stage by the vehement tide of disapprobation, with which it is certain he will be assailed. It is impossible that the students can any longer quietly submit to the indignities which have been so industriously heaped upon them. The trickery connected with the last year's bill of fare, would be disgraceful to the lowest set of mountebanks in the kingdom; and the lies,

the abominable lies, that were vomited forth by the chief actors, are without a parallel in the records of mendacity. Not only did they contradict each other, but twenty-times over did they, in the most palpable manner, contradict themselves; apparently altogether regardless of character, they spoke anything which they believed had a tendency to keep them in their places, so that they might pocket the cash of the unfortunate students. That the reader may be convinced our strictures are not too severe, we will here antagonise the statements of some of the chief actors, as we have done on former occasions. We acknowledge, and frankly acknowledge, that we can produce nothing of our own, at all so well calculated to exhibit the vigour and extent of the contradictory spirit with which they are inspired.

Pupil to Mr. Stanley.

Pupil.—Why did you consent to publish such an advertisement as that contained in the prospectus at the commencement of the season, if you objected to Mr. Skey?

Mr. Stanley.—I was not free to act; I repeat I was not free to act, and was obliged to accede to Mr. Abernethy's peremptory resolution.

Mr. Stanley.—Mr. Abernethy, in the progress of his speech has said, "If Mr. Stanley at the beginning had expressed, with the same determination he now does, his opinion that Mr. Skey was not competent to be the demonstrator, the arrangement would not have been made,"—or something to that effect. I do most positively affirm that I did, at the beginning, with all the power I possessed, resist that arrangement, even to the extent of threatening to retire from the establishment if it were made. At every stage, at every month, at every week, at every opportunity, for the last four years, without yielding in the slightest degree, I declare solemnly before God. (Disapprobation.)

Mr. Abernethy. (Turning to Mr. Stanley.)—What is it you wish to say?

Mr. Stanley.—I have to say, that a series of accusations have been presented to me by the Class, some of which impute my honour; and most, I may say nearly all those accusations relate to points on which Mr. Abernethy can clear me, and I now publicly call upon him to do so. (Great applause.) The first accusation is a breach of faith with the Class, relative to the advertisements of the lectures and demonstrations—the demonstrations more especially.

Mr. Abernethy. (With much consternation)—Do you mean that I am to speak, or what is it you mean?

Mr. Stanley.—I mean that you are to refute that, sir.

Mr. Abernethy.—That I am to refute it!

Mr. Stanley.—The advertisements were drawn up by, of course, *our mutual concurrence.*

Mr. Skey—Mr. Stanley at his own house said to me—Mr. Skey, from this day henceforth you are to demonstrate. When I inquired by whom I had been appointed, he replied, "By Mr. Abernethy and MYSELF."

A Pupil.—May I ask what was the conversation that took place between you and Mr. Abernethy, respecting the advertisements?

Mr. Stanley.—Yes, certainly; I will tell you what it was with very great pleasure: I went to Mr. Abernethy's to have the arrangements made respecting the advertisements; Mr. Abernethy thought Mr. Skey and Mr. Wormald should be advertised; that I thought a bad arrangement, and I will tell you the reason why: we need not say anything about Mr. Skey; but you will recollect, that at the beginning of the season, we had a very *formidable opposition* at our doors; and it was very natural for us to make those arrangements we thought best to *secure* OURSELVES against that opposition. I therefore wished to give the demonstrations myself, but Mr. Abernethy wished Mr. Skey and Mr. Wormald to be brought forward.

Same Pupil.—Then, Sir, it was not entirely under the influence of Mr. Abernethy, that the advertisements were put in, in the way in which they appeared; it was partly from your own wish, that Mr. Skey and Mr. Wormald should not be advertised?

Mr. Stanley.—Certainly.

Same Pupil.—Then, now I understand, it was not entirely owing to Mr. Abernethy?

Mr. Stanley.—I fairly state to you, that it was my desire to make those arrangements that would secure the interests of the Class. Even supposing these two Gentlemen had not been known, I thought that I myself had the opinion of the Class, and I thought proper to take that way of securing the interests of it. Mr. Abernethy said, let Mr. Skey and Mr. Wormald come forward; then

Mr. Stanley.—Yes. I say that the responsibility of the advertisements ENTIRELY RESTED WITH YOU, and that I was *not free* to act in the way I believed to be beneficial to the school and to myself. (Immense applause.)

Mr. Stanley.—Mr. Abernethy wished that Mr. Skey's name should be put in, and the reason I objected to it was, that which I tell you—that there was a very formidable opposition at our doors, and really I did look with some suspicion at the arrangement of having too new demonstrators. It was then arranged that MY name should appear, but that THEY should demonstrate.

Mr. Stanley to the Class.

And further, with regard to the advertisements; I went down to Mr. Abernethy's country-house, at Enfield, on a Sunday, to arrange about them, and the only arrangement I could get him to come to was, that Mr. Wormald should be advertised as a demonstrator, leaving Mr. Skey out; and to that I objected, because, I said, Mr. Skey was then out of the country, and it would not be dealing fairly towards him. I did not see Mr. Abernethy again till he came to town on the Friday following; the advertisements had not then been inserted; I would not consent to what he proposed. I went to him again, and the best arrangement I could possibly make with him was that which appeared. I again, therefore, do say, I WAS NOT FREE TO ACT.

he said, let it be Mr. Wormald alone, and let Mr. Skey try afterwards. I said, no, that won't do—that would be putting Mr. Skey entirely out; and the result was, that I was to think over what would be the best arrangement. It was then left till the next Friday; and *I* then said, that *I* THOUGHT the best thing to be done, would be to advertise MYSELF.

Mr. Stanley to Mr. Abernethy.

Mr. Stanley.—You are right as to the Class, but not right as to the point that I was not free to act, and that I did not put in the advertisements in obedience to my own feelings as to what was right; nor are you right, Sir, in saying that I did most strenuously oppose Mr. Skey, and unremittingly continued to do so, even to the present hour.

Pupil.—Mr. Abernethy, then, would have had no objection to Mr. Skey's and Mr. Wormald's names appearing in the advertisements?

Mr. Stanley.—NO.

Same Pupil.—But *you* thought it would be better that your name should appear, you being willing to take the duty off their hands?

Mr. Stanley.—CERTAINLY.

Such was the low and contemptible intrigue with which the last year's advertisement was ushered before the public, and such the unparalleled lying by which its exposure was attempted to be evaded. Have we any reason for believing, that the advertisement of the performances for the present year has been sent forth under more favourable, or more honourable, auspices? or that a more cordial friendship exists amongst the teachers?—we can believe neither the one nor the other. The bond transaction, and the recent letter of Mr. Abernethy, show us, that in those points of his character which we have chiefly reprehended, he is not an altered man. Moreover, when he openly declares in the square of the Hospital, that Mr. Stanley is "a mean and dirty dog," it cannot be supposed that his friendship for Mr. Stanley is quite so pure or ardent as that entertained by Damon for his friend Pythias. Even the demonstrators assert that they will not act together, each vowing that he will hold no communication with the other. Well, therefore, might it be stated, that the lectures will *commence* on the 1st of October, as it is utterly impossible that the school, constituted as it now is, can continue to the end of even a single course. Indeed, the Governors of the Hospital will not discharge their duty to the public if they permit it to do so; for, with such discordant materials, it would be madness to believe that that co-operation on

the part of the teachers, necessary to the adequate instruction of the pupils, will again take place by the individuals who now form the establishment. If Mr. Abernethy has a friend in the world, that friend should advise him not to brave the storm, or rather not to create one by his appearance in the theatre of the Hospital on the 1st of the ensuing month. He may rest assured that the elder pupils have not forgotten the "Advertising Trick" of last session, or that they are regardless of the present discordant condition of the school, which, in its last agonies, seems delivered up into the hands of Stanley and Dr. Hue, who, in ability and reputation as teachers are about on a par. The nervous system has received a rude shock; there has been a concussion of the brain. Can these practitioners save the patient? Can they restore his prostrate energies? We are sure they cannot. With the incumbrance of such help, there is no other prospect than speedy extinction, or the miserable alternative of confirmed paralysis or imbecility. Where do Messrs. Abernethy, Stanley, and Hue live? And with whom do they associate? Do they never venture beyond the society of their "*medical friends*," that select and delightful circle? Has the "straight-forward man" been fed so long on flattery and lies, as to have lost all relish for intercourse with honest and independent minds? Cannot these people find out what the public, what the entire profession, think and say of them? Cannot they even learn the sentiments of the hospital pupils? We suppose not. Their mental perverseness must be equal to their moral obliquity; and we thus find merely a fresh example of the old remark, "Quos Deus vult perdere, prius dementat."

It was our intention to offer a few observations on Mr. Abernethy's expression, "willing and capable," as connected with the statements in the letter of Mr. Lawrence, published in our last Number. The unjust manner in which the latter Gentleman has been treated by some greedy, envious dog in office, is now so obvious to the entire profession, and the indignation such gross injustice has excited is so strong, that comment may well be spared for the present. We shall therefore conclude with inserting the report of the Special Committee, which has been obligingly forwarded to us by a spirited and independent Governor. The man who can see beyond the surface, will discover in it more than enough to convince him of the veracity of our statements relative to "THE BONDS," and of the feelings of the Governors as connected with that transaction.

"REPORT OF THE SPECIAL COMMITTEE,

Read at, and confirmed by, the General Court held on Tuesday, 28th August, 1827, and entered on the Minutes.

"THIS Committee having been summoned in pursuance of reference from the last General Court, to take into consideration the subject of the paper relative to the lectureship, laid before the Special General Court on the 7th of the present month, and all matters connected with it, and having maturely considered and investigated the same, do report—

"That the said document produced to this Committee was in the form of a pledge, to be given by Mr. Thomas Wormald, one of the Demonstrators of this Hospital to Mr. John Abernethy and Mr. Edward Stanley, whereby he (Mr. Wormald) was to bind himself not to interfere in any manner which might tend to prevent the son of Mr. Abernethy at any future period from becoming a lecturer at St. Bartholomew's Hospital. The aforesaid document was proved to be in the handwriting of Mr. Stanley, and acknowledged by him to have been tendered for signature. A similar arrangement was proposed to Mr. Skey, the signing of which was declined by both.

"In the course of the examination of Mr. Stanley, it appeared that a bond to a similar purport, prepared by Mr. Abernethy's soli-

citor, had been tendered to Mr. Stanley for his signature, who declined to involve himself in the penalty of the obligation of such bond.

"Your Committee, at the same time that they take this opportunity publicly to acknowledge the high sense they entertain of Mr. Abernethy's great knowledge of his profession, cannot but consider the MODE used by Mr. Abernethy in conjunction with Mr. Stanley, for the better securing the future interests of Mr. Abernethy, junior, as militating against the ONLY PLAN on which the real use of the Charity must depend, viz. that of electing its medical officers upon the ground of professional merit alone.

"Your Committee beg most strongly to commend, that in all appointments which the surgeons are allowed to make, such as lecturers, demonstrators of anatomy, house surgeons, &c. &c., that ability, humanity, and steadiness, with strict attention, be the only objects that shall direct their choice, and that in future all such appointments be submitted to the House Committee for confirmation or otherwise. Every facility which the funds of the Charity could afford having been given towards the advancement of professional knowledge, your Committee hope they may be allowed to ask, and expect of their medical officers, every co-operation in upholding and increasing the usefulness and high character of the establishment."

IN our report of Mr. Abernethy's Lecture on Hernia, the name *Geoghegan* was misspelt. The substance of this Gentleman's observations is, that the taxis ought to be the last instead of the first effort to remedy strangulation; he says, that the hand is calculated to aggravate the inflammation of the bowel at the onset, but that after cold had been some time applied, this effect would be less likely to happen, and that the tumefaction has often been removed by cold alone. He contends, that some cases of obliterated intestine have been dissevered by what he calls injudicious manipulation; and that lessening the bulk, independently of returning the bowel, should be the sole indication.

THE CASE OF MR. COOKE.

To the Editor of THE LANCET.

SIR,—When I first saw a proposition for raising a subscription to pay the fine and law expenses to which Mr. Cooke has been subjected, for his exertions in the cause of science, I thought, from the respectability of the profession in general, and the immense fortunes made by many of its members, that those who, like myself, had just embarked their all in a profession in which there were so many chances against them, would not have felt themselves called upon to give what they could ill afford. However, as I consider that every one who has the good of science at heart, should do what he can rather than let an individual suffer in such a cause, I therefore send you my mite, hoping that my example may be followed by many others before the subscription closes.

If we attempt to account for this apathy among the more opulent members of the profession, I fear the causes will be found to be any thing but creditable to them. In some, it is possibly caused by extreme selfishness; in many, by a total indifference to science; and perhaps it may not be too much to suppose, that in some it may be caused by the envy they feel towards a rival country lecturer, not being satisfied with the monopoly given them by the by-laws of the College of Surgeons.

I am, Sir, your obedient servant,
J. C.

Sept. 10th, 1827.

SUBSCRIPTION FOR MR. COOKE.

	£	s.	d.
Subscriptions already announced	179	12	6
R. J. Peck, Esq. Newmarket ..	0	12	0
Dr. Armstrong, London	1	1	0
Wm. Gaitskell, Esq., Paradise-street, Rotherhithe	1	0	0
—— Dermott, Esq., Lecturer on Anatomy, Great Pulteney-st...	1	0	0
J. C.	0	2	6

ERYSIPELAS.

To the Editor of THE LANCET.

SIR,—In one of your late Numbers, I made some observations on the extraordinary mode of treating phlegmonous inflammation arising from accidental wounds, or produced by venesection, as practised in Bartholomew's Hospital. I therein reprobated the practice of applying many leeches, and also that of making deep incisions in the inflamed parts. A case of this kind, recorded in Number 208, in which the patient bled to death owing to incisions made into the parts affected, cannot be read without feelings of deep regret. I have every reason to believe that the *result* of this case would have been very different had it been treated by *frequent* fomentations, and *by large* poultices of linseed meal applied over the *whole* limb, under the immediate direction of the surgeon *himself*, and not trusted to a *nurse*.

I remain, Sir,
Your constant reader,
A COUNTRY SURGEON.

August 28, 1827.

[That patients labouring under erysipelas, especially in Hospitals, are very often benefited by the soothing and stimulating plan of treatment, cannot be denied; but that form of the disease which is denominated phlegmonous, has been so often successfully treated by making incisions into the enormously distended parts, thata solitary instance of failure weighs but little against the practice, which, however, as well as bloodletting in *debilitated habits*, should be employed with extreme caution. If a patient will bear the loss of a pint of blood, the incisions may be made with advantage, and *vice versa*.—ED.]

REMARKS ON WHAT IS CALLED MR. COLEMAN'S SYSTEM OF SHOEING.

To the Editor of THE LANCET.

SIR,—Mr. Coleman is generally spoken of as an original writer on the subject of shoeing, and the functions of the different parts of a horse's foot; it is, however, unfair to tax him with original sin, in having promulgated erroneous opinions regarding the horse's foot, when every idea contained in the book printed and published by him, on the "Foot of the Horse," is to be found in the works of other writers of the same century in which that compilation emanated from the Professor of the Veterinary College. By far the greater part of the opinions and directions he has reprinted are correct, in regard to particular horses, and to particular states of their feet; but the promulgation of such opinions and directions as general principles, is calculated to do, and has done, much mischief.

Mr. Coleman is not a horseman, or, in other words, he is not a man fond of a horse; not one who rides, drives, attends to a stable, and studies the nature of horses through the varied states and circumstances attendant on stable management, and their being urged to great exertion: but the eminent station in which he is placed gives importance to opinions which, if they came from others, would fall harmless to the ground. It is therefore to be regretted, that instead of printing such a book, and advertising *his forges* as the places where a mode of shoeing was practised that had been found, by experience, to be capable of preserving the horse's foot sound to the greatest age, he then having been Professor of the Veterinary Art, and engaged in the practice of that art only four years, he had not rather adopted the maxim of one of his experienced predecessors in veterinary practice, namely, that the various nature, and various states, of horses' feet, rendered various modes of shoeing necessary to their well being. By promulgating a doctrine so evident to men of observation, he would have taught his pupils to think and to act for themselves; he would have laid the foundation for real improvement, and have avoided the ridicule which justly attaches to what is called "Mr. Coleman's System of Shoeing."

FRED. C. CHERRY.

August 22, 1827.

ABUSES IN THE COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—At this moment, when the Members of the Royal College of Surgeons are petitioning Parliament to secure to them those immunities which other Colleges concede without a murmur, it appears to me to be the duty of all concerned to publish such abuses of privileges as shall have come to their knowledge, for the purpose of showing the extent of the evil, and as affording additional claim on Parliamentary protection.

As a sequel to your "Back-door case," * I submit to your readers the following trans-

* See LANCET for April 14th of the present year, p. 50.

action:—A few years since a person settled in this neighbourhood, calling himself, "Member of the Royal College of Surgeons," but his name not appearing in the College list, the circumstance was laid before Mr. Belfour, who was, and I believe still is, the College Secretary, requesting, in terms as courteous as could be devised, that protection to which I thought myself entitled. Mr. Belfour's reply was laconic and astounding; it was, in substance, that he was not aware of my being able to take any other notice of the assumption than by flatly denying the validity of it. I knew, before the Secretary was pleased to afford me his gratuitous advice, that to contradict was all the notice I could take of the matter; but, in common justice, was this all the notice the College should have taken of the matter? Nay, was this all the notice it had *promised* to take of the matter? In reply, gentle reader, I will append its theoretically protecting by-law:—"The College will at all times protect and defend every Member thereof who shall in any manner be disturbed or interrupted in the exercise of, or be in danger of losing, any of the rights, privileges, exemptions, or immunities to which, as a Member of the College, he is entitled." So that I had to console myself with the idea, that I had paid the Court of Examiners *twenty guineas* that I might enjoy the unspeakable satisfaction of telling the public, that such a person professed to have obtained an instrument of qualification to practise surgery, which, in reality, he did not possess!

As a chartered body, the College is, and indeed acknowledges itself to be, empowered to protect its members; but the same reason which operates in granting from twenty to thirty diplomas of a night on easy terms, may have been the same prudential motive which operated most powerfully in withholding from me that protection on which I thought I had a claim. Let any of the College advocates ponder over Mr. Belfour's laconic epistle, and say, if this is not an abuse. Let them produce but one ostensible reason why the Legislature should not be petitioned to compel the College to protect its members, and I shall not hesitate to become one of their most zealous proselytes.

Charters are not so accessible as they should be, and it strikes me, if that of our College had in its spirit a more general circulation, "Safety in the midst of danger" would not have been the motto. Enactments for the governance of separate bodies are but so many parts of the same general law which governs a nation; and as those "many parts" emanate from the same motive which dictates more extended legislation, viz., the public good, the community should be put in more complete possession than they now are of those particular laws which govern private institutions.

I am, Sir,
Yours repectfully,
R. Lanyon, Jun.

Lostwithiel, June 27th, 1827.

ON THE TREATMENT OF NÆVUS.

To the Editor of The Lancet.

Sir,—In your account of the failure of the use of Vaccine Lymph for the cure of Nævus Maternus, contained in your Number for the 11th inst., you have omitted to state the mode in which it was inserted, and to inform us whether or not the child had been previously inoculated, both of which circumstances materially influence the effect of the remedy. The experience I have had on this subject enables me to say, that in this particular case there was no possible chance of success, even if all collateral circumstances had been favourable, inasmuch as almost every step of the operation was executed improperly, and conducted without any correct principle. Allow me briefly to describe the mode I have several times adopted with uniform success, and in doing so permit me to observe, that I am chiefly actuated by a desire to retrieve an useful remedy from a disgrace which some of its injudicious adopters have endeavoured to connect with it.

Having made slight scratches upon the surface and the circumference of the nævus, at regular distances from each other, as soon as the bleeding has subsided I introduce the lymph, generally on the point of a lancet, and afterwards apply, over the whole surface of the insulated swelling, a bit of linen saturated with the lymph; this is carefully bound on and retained there a few hours: in the usual time the vesicles appear, and the swelling gradually subsides, leaving behind the faintest possible mark. If the child has been previously inoculated it rarely succeeds; and of course, if it has not, besides curing the nævus, it has the same effect upon the constitution as inoculation in the usual situation.

In Mr. Vincent's case, he merely vaccinated the circumference of the tumour, and as each vesicle produces that degree of adhesive inflammation of the næval vessels and cells which induces their occlusion only to a certain distance, it is evident that had vesicles appeared the disease would have been as remote from a cure, as though the arm or leg had been inoculated for the same purpose. Each vesicle has a limited sphere of action, beyond which it has no

control, and therefore it is necessary to inoculate the surface of the tumour at such distances as that the inflammation of one shall coalesce with that of another, and thus produce the cure of the whole. Mr. Vincent, therefore, might as reasonably expect to cure hydrocele by injecting the cellular membrane of the scrotum, as that of nævus by vaccinating its circumference. The use of tartarised antimony is by no means so successful as the insertion of vaccine lymph; whether or not the latter has any specific effect I am unable to determine, but an observant experience warrants me in saying, that it causes a more appropriate and effective inflammation than the *tartarised antimony*; vesicles arising from its use generally cure the disease but very partially. I will not trespass further on your valuable time by comparing the advantages of this remedy with the various other measures employed for the cure of nævus, but it is obvious that such a comparison would be much in its favour.

I am, Sir,
Your obedient Servant,
D. E.

Birmingham, Aug. 24th, 1827.

LITHOTOMY.

To the Editor of THE LANCET.

SIR,—In your Journal of the 24th of last month, there is a report from Panton-square of two cases, for which the operation of lithotomy was performed by Mr. Wardrop. In the first case your reporter states, that the patient had been under my care for *five years*; whereas, although he had been labouring under the complaint for that space of time, I had not been consulted respecting him more than *five or six weeks* previously to his admission into the Hospital of Surgery. After a few days I sounded him, and proposed the operation. Had I suffered a patient to have remained under my care without proposing the operation, for the time mentioned in your report, I should have thought myself highly culpable; therefore by correcting this unintentional error in any way you may think proper, you will much oblige

Yours, &c.
W. SIMPSON.

Hammersmith, Sept. 3d, 1827.

PAUL PRY AT ST. THOMAS'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—I hope I don't intrude, but really I should like to know what has become of the subscription for a portrait of the treasurer of St. Thomas's, intended to be placed in the Library. It is no business of mine, you know, and really what I am going to tell you must go no further: but I dropped into the apothecary's den at St. Thomas's one day, some months ago, and there I saw written down on a sheet of paper—B. Travers, 5*l.* 5*s.*; Dr. Williams, 5*l.* 5*s.*; Dr. Elliotson, 5*l.* 5*s.*, and so on. Now I like dearly to know what things mean, so I asked Master Dicky Whitfield (an old friend of mine, we were at Eton together,) what the subscriptions were for, "Oh!" says he, "to *hang* the treasurer with in the library," that is to say, his portrait; but there is some dispute as to the manner in which he should be *executed*; Mr. Joe Green thinks he should be painted in *distemper*, as it is a hospital picture; *Pa* thinks he should be painted as the good Samaritan, pouring in oil and *wine*. "We can pour in the wine, you know, Paul," continued Dicky, "if the treasurer cannot." Well, do you know, Mr. Editor, from that day to this I have not heard a word about the portrait. Pray make inquiry, and let me know about it.

Your obedient servant,
PAUL PRY.

PRESSURE IN UTERINE HÆMORRHAGE.

To the Editor of THE LANCET.

SIR,—I am much surprised at the disputes which have appeared in your two last Numbers respecting the application of pressure in uterine hæmorrhage, as I have been in the habit of using it for upwards of twenty-two years with the most beneficial effects; indeed since I adopted this, I have scarce ever had occasion to plug the vagina, as the pressure, if properly applied, seems to quicken the contraction of the uterus in a remarkable degree. The idea first struck me from finding that pressure on the inside of the uterus disposed it to contract. I always order the patient to be kept in a bent position, to relax the abdominal muscles, which allows the pressure to be used on the large vessels, as well as on the uterus.

I am, Sir,
Your obedient humble servant,
WILLIAM JONES.

Lutterworth, Aug. 25th, 1827.

HOSPITAL REPORTS.

HOSPITAL OF SURGERY,

Panton Square, St. James's.

CASE OF A RARE ANEURISMAL DISEASE OF THE TEMPORAL ARTERIES, AND LIGATURE OF THE CAROTID.

The following account of a rare disease of the large arterial branches, for we can scarcely call it aneurism, nor yet can it fall within the definition of aneurism by anastomosis, as described by John Bell, and subsequent writers, will, we doubt not, be perused with the deepest interest. We can, however, in this report, merely give an outline of the case; but when we detail its further progress, we shall take the opportunity to offer a few observations on its singular characters, and on its probable nature.

——— æt. 22, of a full and powerful habit of body. In the left side of his head, covering a portion of the frontal, parietal, and temporal bones, is a very large pulsating tumour, whose surface is extremely soft, and very irregular, forming many lobules, of various size and position, and resembling in appearance those large varicose tumours which are occasionally found in the course of the saphœna vein of the thigh. The pulsation is distinct throughout every part of the tumour, which can easily be emptied of its contents by pressure. The trunk of the temporal artery, and its anterior and posterior branches, are enormously enlarged, and pulsate with remarkable vigour. The two latter terminate suddenly in the swelling, which occupies the usual position of the middle temporal artery. The posterior aural artery, and the occipital, as well as a branch from the temporal vessels of the opposite sides, are wonderfully enlarged, and they communicate abruptly with the disease. All these arteries have attained such a size, that their situation is evident to the eye. On emptying the tumour of its contents, which fills the moment pressure is withdrawn, the cranium below is found to have undergone (no doubt from the pressure of the disease) a remarkable process of absorption, particularly at those points where the tumour has attained the greatest bulk. It must at many places have become exceedingly thin. The integuments covering the most prominent portion of the swelling have become very much attenuated, and it is evident that ulceration of them must soon be the consequence of the distention. Over the situation of the trunk of the temporal artery is a long cicatrix, the result of an operation which was performed for the ligature of that vessel. The patient complains of frequent most distressing pains and sensations in his head; in other respects he enjoys excellent health.

The complaint commenced slowly twelve years ago, after the receipt of a blow, and it has increased gradually till it has assumed its present alarming size. Two months since, a Mr. Babington applied a ligature to the temporal artery, but this did not in any way check its progress.

The day following the patient's admittance into the Hospital, Mr. Wardrop tied the common carotid artery immediately above the crossing of the omo-hyoideus muscle. The first incision was large. When the operator had divided the cervical fascia, he used a blunt knife in detaching the artery from its connexions at that point where he applied the ligature. Considerable difficulty was experienced in passing the aneurism needle (Bremner's) round the vessel. This we can have no hesitation in ascribing to the size and shape of this instrument, which is by no means well adapted for the carotid artery, however well it may answer in tying the subclavian. A plain, small, and blunt aneurismal needle would, we are certain, have passed at once. During the operation, two large thyroideal veins, which bled freely, were divided. Some of these, according to Harrison, are always endangered. The moment the ligature was tied, the pulsation in the tumour completely ceased, but the swelling did not collapse, as might have been expected. The patient experienced no unusual symptoms in his head. The edges of the wound were retained together by means of suture.

In the evening, he found himself comfortable: a slight thrill was perceptible at the upper portion of the tumour, which had become harder and more solid, but in other parts it had completely ceased. The large dilated arterial vessels in the neighbourhood were collapsed; the right carotid artery pulsated with great force. The patient has been bled; and, up to the present time, he is doing remarkably well.

REMARKABLE CASE OF BRONCHOCELE.

Jane ———, ætat. 34.—In the situation of the thyroid gland is a most enormous tumour, which reaches from the pomum adami to the sternum and clavicles. The right side of the gland is more enlarged than the other, and projects from the neck to a great length. No large arteries can be found pulsating on its surface, nor can the situation of the thyroideal vessels be discovered. Several large veins are seen ramifying over it, and the external jugular veins are distended to a great size. She com-

plains of great difficulty in respiration, accompanied with cough, and a distressing feeling of suffocation, also of difficult deglutition. She has frequent distressing sensations in her head, and suffers from vertigo to such an extent that she is frequently unable to walk, and, at times, is affected with most severe headachs. The disease is of several years standing, but has lately increased with great rapidity.

In this case, which had produced symptoms of a very severe and dangerous nature, the patient has experienced much relief from the repeated application of leeches, the use of the iodine ointment externally, and the tincture of iodine internally. Had these remedies not been attended with relief, the disease would have, in our opinion, demanded the ligature of the thyroideal arteries, and, if these could not be reached, of even the carotid itself. Happily, however, for the woman, there is now no immediate necessity for such severe measures.

The other operations this week have been unimportant.

WESTMINSTER HOSPITAL.

OPERATION OF LITHOTOMY.

An unusual bustle was observed in Westminster last Saturday. Happening to be in that part of the town about noon, we observed several *black* cloth gentry, with The Lancet in their hands, immerging through the Park to the scene of action. We soon ascertained the cause of the confusion—Lithotomy was to be performed, and such an event had not taken place for months before. On entering the precincts, which were unusually dirty, we saw surgeons and physicians running in every direction. One held a staff in his hand, the other a bistorie cachèe. The physicians looked grave enough: one held a stethoscope, like another Truncheon. A confusion and vulgarity prevailed in the arrangements, beyond conception. At length we found ourselves squeezed into a small space in the operation-room, into which a child was brought, screaming loud and long, and complaining of pain arising from an over-distended bladder. Sir Crusty Carlisle bawled out in a rough voice to the sufferer, to "cry a little louder!" and the following highly interesting dialogue took place during the operation, between him and the child.

Child—"I shall die."

Sir A.—"So you shall, indeed."

Child—"I shall die, I know I shall."

Sir A.—"So you shall; and the man is coming to bury you!"

Child—"I shall die! I shall die! I shall die!"

Sir A.—"What will you bet on't!!!"

Child—"Oh! I shall die; I know I shall."

Sir A.—"I'll bet you a sixpence you will!"

Child—"Oh! I am sure I shall die!"

Sir A.—"I'll bet you an apple on't."—(Sir A., still speaking,)—"Mr. Harding, have you seen the forceps you are going to use?"

[By this time the first incision was made.]

"Oh, yes," replied Mr. Harding.

Sir A.—"Remember, I hold the knife."

Child—"Oh! I shall die."

Sir A.—"So you shall, child!"

Child—"How I shall make my father wallop you!!!"

[This created a hearty laugh; a merriment most untimely and indecent.]

The operator did not appear to work with ease or presence of mind, and no wonder, considering the annoyances which surrounded him. He will do well, on the next occasion, to make the incision more depending. We should not be surprised if this child were to die of infiltration of urine, as the internal incision did not correspond with the one outwards.

The bistorie cachèe was the instrument employed for the division of the prostate and bladder, and we never saw a case which more strongly pointed out the superiority of the knife over that instrument than this. A considerable time elapsed after the staff had been laid bare in getting the point of the instrument into its groove. The operator lost the place, and, after vain attempts to regain it, was obliged to call a second time for the scalpel, and after fixing the bistorie, he had considerable difficulty in getting it into the bladder, and making the incision outwards. The calculus was, luckily, a small one, otherwise the section would have been much too small.

Altogether, we are sorry to say, having rather a good opinion of Mr. Harding, the operation was ill conducted; and the arrangements showed, we conceive, how little the Westminster Surgeons are accustomed to do operations themselves, or even to see them performed.

We have sometimes had to lament, on such occasions, the almost unavoidable noise made by students, but we never before had the misfortune to witness so little attention to decorum, or such a want of discretion on the part of the Surgeons of any institution. They all spoke roughly and loudly, and several voices were frequently mingled, forming a most discordant noise. Some were giving untimely directions to the operating Surgeon, which could not fail to embarrass him. Others were joking; and the crusty

Oyster, who has lately pretended to show so much feeling for the fair sex, was talking like a mountebank to the child, who was suffering the most agonizing misery.

After this scene of unscientific uproar had been enacted, a woman was brought into the operation-room, with an affection of the upper lip, which, in our humble opinion, might have been cured by constitutional treatment. The lip was, however, after a public *consultation*, held in the presence of the patient, condemned, and the diseased portion excised. This poor woman had also the agreeable satisfaction of hearing the following amiable dialogue:

Sir A. Carlisle—"I think the Cæsarian operation (meaning that with the scissors) the best."

Mr. White—"I like that with the knife better."

Sir A.—"It is most painful and difficult."

The operator performed the section so clumsily, that Sir Anthony exclaimed—"See! I said so." Some most improper remarks fell from Sir Anthony, when Mr. White was stitching the wound, both as to his manner of doing it, and the size of the threads.

We had no idea, bad as our opinion is of the acting members of the Council of the College of Surgeons, that so much coarse vulgarity could exist among them, as we had the misfortune to find among those of the Westminster Hospital; and as they appear to require much polishing, we can assure the officers of this institution, our visits shall neither be few nor far between.

GUY'S HOSPITAL.

CASE OF CHIMNEY SWEEPERS' CANCER, WITH THE OPERATION.

It is well known that chimney-sweepers are peculiarly liable to a malignant disease of the scrotum, which, in fact, from its prevalence with this class of persons, has acquired the name of chimney sweepers' cancer. The subjoined is a case of this disease:—

W. L., ætat. 34, a chimney-sweeper, of fair complexion and general good health, came into Job's ward on the 25th of August, under the care of Mr. Key, on account of disease of the scrotum. He stated that he first perceived a small wart on the scrotum, which, by picking, he occasioned to bleed; the skin around it then began to thicken, and a hard "lump" formed, which, after much pain, burst and discharged matter. After this, small sores came on the fore part of the scrotum.

When admitted, there were numerous scabs or crusts on the fore part of the scrotum, at its median line, and also on the right side. Nearly in the middle of the septum there was a warty projection of the size of a horse bean, which, when pressed upon, yielded sebaceous matter. On grasping the integuments around this warty projection, there was found an indurated swelling of the size of a walnut; it was in the cellular substance beneath the skin, and apparently within the septum. The glands in the right groin, both above and below Poupart's ligament, were slightly enlarged; they had been affected about a fortnight.* The spermatic chord was not thickened.

Mr. Key having explained to the poor man the nature of his disease, and the absolute necessity for an operation, he readily assented, and on Tuesday it was performed. Mr. Key pinched up the diseased mass between his fingers and thumb, and by a stroke of the knife removed it. The testicles were exposed, covered by the vaginal tunic.

SINGULAR DISEASE OF THE LIP—OPERATION.

M. A. W., 17 years of age, of dark complexion, was admitted into Mary's Ward, on the 4th of July, under the care of Mr. Bransby Cooper, on account of disease of the under lip.

The history of her case she gave as follows: from her birth she had a small red spot not larger than a pin's head on the under lip; she was in the act of washing herself, a year before admission, when this said red spot burst out bleeding, and continued in such a degree as to render it necessary to apply to a surgeon, who passed a stitch, or some stitches, through the part. The bleeding was by this means restrained, but an ulcer formed on the lip, to which caustic was applied; subsequently, under the direction of Sir A. Cooper, salivation was had recourse to, and under this the sore on the lip healed. Shortly afterwards the bleeding recurred, the ulceration again began, and went on progressively increasing to the time of admission into the Hospital.

When admitted, there was a cleft in the middle of the under lip, large enough to admit the fore-finger. It had precisely the appearance of the congenital disease, termed hare-lip; the internal surfaces of the upper

* It often happens, that the inguinal glands in this disease become enlarged, apparently from sympathetic irritation, and not from the spread of disease along the absorbents; so that the glandular enlargement subsides on the removal of the diseased scrotum.

two-thirds of the fissure, were quite healed and sound. The lower third, and the bottom of the cleft, which was at the attachment of the lip to the chin, were in a state of ulceration, covered with a yellowish coloured slough, and apparently quite devoid of granulations. The saliva was constantly flowing from the mouth through the fissure; it was painful, but there was no glandular swelling beneath the jaw.

Mr. Cooper directed the application of dilute nitric acid lotion to the sore, and subsequently employed caustic; and when the surface became somewhat cleaner, he endeavoured to procure union of the sides by strapping; but, at the expiration of a month, finding that no improvement had taken place, and considering that the ulceration which existed at the lower part of the fissure was only perpetuated or kept up by the irritation of the saliva, he determined on paring and approximating the edges. The operation was performed on the 5th of August; the parts were brought together by means of sutures and strips of adhesive plaster. The patient offered much resistance to the sewing up of the wound, and continued for some time afterwards to cry violently, so that it was feared the parts would be torn asunder. However, nothing untoward occurred until the third day after the operation, when bleeding came on from the wound; and after continuing for some time, was at length restrained; but on the fourth day the bleeding recurred, and the wound now burst open entirely. From this period ulceration of the lip continued, and for a considerable time it had the sloughy appearance which characterised its lower surface previous to the operation, and there was much surrounding redness. Eventually, the surface of the sore became cleaner and granulated; strapping was then had recourse to, that by placing the granulations in contact they might inosculate. This effect was partially produced; but at the period at which this report is written, August 31, there remains a large cleft in the lip, the sides of which, as before the operation, are completely healed, whilst ulceration exists at the lower part over which the saliva dribbles. In point of fact, therefore, the girl is nearly in the same condition as prior to the operation. Mr. Cooper is anxious to make a second attempt at cure, by paring the edges again; to this, however, the patient seems not inclined to consent. She remains at present in Mary's Ward; her case has excited much interest in the Hospital, from the peculiar manner in which the disease of the lip commenced.

ST. THOMAS'S HOSPITAL.

PARALYTIC AFFECTIONS.

CASE 1.—*Partial Palsy of the lower Extremities, following Injury to the Spine.*

R. D., 30 years of age, admitted into George's Ward on the 9th of August, under the care of Mr. Tyrrell.

When admitted, he stated that he had a fall seven months previously; that he was, in fact, knocked backwards over a piece of timber, and was struck violently on the side of the head, but received no direct injury to the spine, further than the concussion. He was stunned for a short time after the accident, but soon afterwards was able to get up and walk, feeling no particular ill effect from the injury until about six weeks had expired. At this time a numbness of the ancles was felt, which gradually extended up the legs and thighs; the muscular power also became defective, as was shown by a dragging of the limbs: he had difficulty in retaining his urine, and the stools, occasionally, were passed unconsciously. He had slight pains in the back, and sometimes experienced sudden jerkings of the muscles of the thigh, which occasioned him to fall. In this condition he went into St. Bartholomew's Hospital, where, under the care of Mr. Earle, he was cupped, blistered, had issues made on the spine, with warm baths and various other remedial means, but without much benefit. Mr. Tyrrell, on examination, could discover no irregularity in the spine, but in the lumbar region the man complained of pain when pressed upon: he had still a partial failure in the muscular power of the lower extremities, and partial loss of sensation. The power of retaining the urine and fæces was recovered. Mr. Tyrrell directed an issue to be made, with *nitric acid*, in the lumbar region: the patient to keep his bed.

A report made on the 8th of September, one month after admission, states that the patient is better, having less numbness and more power in the limbs, and being entirely free from the muscular jerkings. His general health good; the urine turbid.—He remains in the Hospital at present.

CASE 2.—*Partial Palsy of the lower extremities, following Injury to the Spine.*

This case differs from the preceding, inasmuch as the paralytic affection immediately succeeded an injury, whilst in the former case it will be seen that six weeks intervened from the occurrence of the accident and the development of the paraplegic symptoms. In this case, too, the symptoms

(at first urgent) were gradually relieved, but in the former they gradually increased.

J. Cowlan, aged 51, a wharfinger, admitted on the 7th of July, under the care of Mr. Travers, and was placed in George's Ward, on account of injury to the spine.

It appeared from the patient's statement, that he had fallen into the hold of a ship, a distance of about twelve feet, and that, in in falling, he caught hold of a butt, which was thus pulled upon him. When admitted there was but very slight power of motion in the lower limbs, and they were also nearly devoid of sensation. It was soon found, too, that the power of emptying his bladder no longer remained, whilst his stools were passed without consciousness. There was no perceptible irregularity in the spinous processes, but in the upper lumbar vertebræ there was swelling of the integuments, apparently from extravasation of blood.

The treatment employed was, in the first instance, the application of leeches, subsequently repeated blisters and friction, with the tartar-emetic ointment. The amendment, for some time, was gradually progressive; the failure of muscular power and nervous sensibility becoming less and less apparent, until at length he was conscious of passing his stools, and the motion of the limbs returned in a great degree. The most decided relief obviously resulted from the repeated blisters.

On the 16th of September, a period of two months from the man's admission into the Hospital, there was still a slight numbness in the right foot: the motions of both limbs, as the patient laid on the bed, were apparently perfect; but on desiring him to make an attempt at walking, it was seen that he was incapable of standing perfectly upright, but by leaning upon different things with his hands, he was enabled to move along, although with some dragging of the limbs. The bladder had not regained its functions, it still being necessary to employ a catheter; occasionally, a small quantity of urine passes involuntarily. The patient remains in the Hospital at present, and the plan of repeated blistering, from which he has derived so much benefit, is still pursued.

Case 3.—*Palsy of the lower Extremities, occurring suddenly, and independent of Injury to the Spine.*

The following case of palsy of the lower extremities, taking place suddenly, and without the occurrence of injury to the spinal marrow, or any evidence of cerebral disease, is highly interesting. It will be observed from the history of the case, that the disease was preceded by a disordered state of the alimentary canal; and when we consider that in children paralysis is a frequent occurrence, from irritation in the primæ viæ, especially during the progress of dentition, it is not difficult to suppose that, in the present case, the disease was *sympathetic*; that is to say, mainly dependent on the depraved condition of the stomach and bowels.

H. Smith, a pallid, unhealthy-looking young man, was admitted into Luke's ward, under the care of Mr. J. H. Green, on the 12th of July, on account of swelled testicle, and enlarged absorbent glands of the testicle.

He had been in the Hospital about three weeks, under treatment for these complaints, when, in the course of a night, having previously eaten a hearty supper, he found himself very unwell, having a sensation of chillness, with much uneasiness at the pit of the stomach: his bowels had not been moved for two or three days. He got out of bed, and in attempting to walk, found that he staggered very much; he laid himself down again and slept, but in the morning found that his lower extremities were completely paralytic—devoid both of sensation and volition. He experienced at this time considerable pain in the upper part of the loins; when visited by Mr. Green on the same day, the spine was examined carefully, and there was some tenderness manifested on making pressure in the upper dorsal region. Mr. Green therefore directed cupping-glasses to be applied to this part, a strong purgative dose of calomel and scammony, with a terebinthinate enema, to be administered. Subsequently, cupping was had recourse to, under the direction of Dr. Williams, at the epigastric region; the back was also again cupped, and blisters repeatedly applied. These, with the occasional exhibition of purgatives, were the principal means employed, and with a beneficial result, the paralytic affection gradually lessening. On the 8th of September, sensation in the lower extremities was perfect, as were also the motions of the limbs, apparently; but the patient stated, that on attempting to walk, he found such a weakness in the back, that he could not support himself in an erect posture. He continues in the Hospital at present.

CASE OF PARALYSIS AGITANS, OR SHAKING PALSY, TREATED WITH CARBONATE OF IRON.

When an universal or partial muscular tremor prevails as a chronic affection, and not as a symptom of acute disorder, it is termed *shaking palsy*. It is a disease of the nervous system, the proximate cause of which we are unacquainted with, and, as Dr. Heberden has remarked, often exists apparently independent of other diseases, throughout the greater part of the patient's

life. The trembling hand of the drunkard is a minor degree of this affection. From the beneficial effects which had followed the use of subcarbonate of iron in various nervous diseases, the proximate cause of which was equally unknown with that of the present disease, Dr. Elliotson was led to employ it in a case of paralysis agitans, which was cured. This case is related in the 13th volume of the Medico-Chirurgical Transactions, in a paper "On the Medical Properties of the Subcarbonate of Iron;" but since this was published, Dr. Elliotson has exhibited the subcarbonate of iron in two cases of shaking palsy, in both of which the disease remained unrelieved. In the following case the subcarbonate of iron was given for several weeks without any benefit.

——, æt. 56, a stout muscular man, accustomed to drink and work hard as a navigator, admitted on the 21st of June into Edward's Ward.

He had been ill two months, with constant shaking of the left leg and arm; the leg was first affected, becoming swollen, dark coloured, and painful; and the arm was not affected with tremor until three weeks subsequently. He had for about three weeks, when the leg became bad, giddiness, with some pain in the head; but, at the time of admission into the Hospital, was quite free from any unpleasant symptom about the head.

On the day of admission, Dr. Elliotson prescribed *half an ounce of the subcarbonate of iron*, to be taken three times a-day. The leg to be fomented with warm water.

The medicine was continued until the 14th of August, at which time the patient was in the same condition as when admitted. The subcarbonate of iron was therefore now discontinued, and a grain of the sulphate of zinc ordered to be taken every six hours; the dose has been gradually increased to six grains; but, on the 8th inst. the patient remained unrelieved.

WINCHESTER COUNTY HOSPITAL.

CASE OF SPONTANEOUS CURE OF FEMORAL ANEURISM.

Thomas Strickland, æt. 72, a labourer, apparently very infirm and much emaciated, was admitted into the Hospital under the care of Mr. Henry Lyford, with an extensive aneurism of the left femoral artery. The aneurismal tumour commenced about one inch below Poupart's ligament, and extended two-thirds the length of the thigh downwards. It was about six inches in circumference, and projected nearly three inches from the surface of the surrounding integument. It was almost inelastic; its pulsation, though distinct in every part of the swelling, was very feeble; and the skin, on its most prominent part, very slightly discoloured. The foot and leg quite œdematous; the temperature of the whole limb sensibly lower than the opposite extremity. Pressure on the artery at the groin, though it effectually stopped the pulsation, produced but a very slight diminution of the size of the tumour. On examining the pulse at the wrist, the radial artery appeared to be in a complete state of ossification throughout its entire length; and, indeed, every artery that could be felt was as extensively and similarly diseased. On inquiry, the patient confessed he had all his lifetime been much addicted to the use of spirituous liquors, notwithstanding which he had invariably enjoyed a good state of heath. Eight months prior to his admission, when in a state of intoxication, he received a severe blow on the middle and inner part of the thigh by falling on a stone, which occasioned a most severe lameness, and swelling of the whole limb. About a month after this accident, he discovered a throbbing tumour, about the size of a small walnut, exactly on the part where the injury had been received. His attention was first directed to the tumour from the violence of the pulsation, which was so strong as frequently to deprive him of sleep. The tumour has gradually increased to its present magnitude; the violence of the pulsations, however, have very considerably diminished.

Mr. Lyford considered the arterial system to be too much diseased to offer any the most remote chance of success from the application of a ligature on the artery above the aneurismal tumour, he therefore declined performing any operation. The patent was desired to confine himself to his bed, and to envelop the limb in flannel.

Fourth day. Patient has experienced much comfort from the application of the flannel. The pulsation in the tumour is more feeble and indistinct. The œdema not quite so considerable. Pulse 60, and intermitting after every sixth pulsation. Appetite indifferent. Bowels regular.

Seventh day. Complains much of cold in the foot and leg. The pulsation in the tumour almost imperceptible. Pulse at the wrist 96, feeble, and intermitting as before. The œdema has much increased; spirits depressed; appetite much impaired.

Ordered decoct. cinch. ʒx; tinct. cinch. ʒj; sp. ammon. arom. ʒss; quintis horis sumd. The foot and leg to be enveloped in oil silk, in addition to the flannel.

Eighth day. During the night, there has been the most intense pain in the tumour. This morning the patient was attacked with a most violent rigor, which lasted for half

an hour, and was checked by fifty drops of tinct. opii in some warm brandy and water, and by the application of bottles filled with hot water to the feet and stomach.

Ninth day. Has passed a very disturbed night; a livid spot, the size of a crown piece, has appeared on the anterior and most prominent part of the swelling. Pulse 100, very feeble, and intermitting after every fourth pulsation. Tongue much furred; complains much of cold in the limb below the tumour; a slight disposition to hiccup; the tumour quite inelastic, and free from pulsation. Ordered gum. opii gr. iss. ft. pil. quartis horis c. haust. seq. Ammon. carb. gr. xij; decoct. cinchon. ʒx; tinct. cinch. ʒj. ft. haust.; a pint of wine to be given in the twelve hours, and to be increased.

Tenth day. The surface of the tumour, covered with large vesicles, containing a bloody sanies. The whole swelling appears to be in a complete state of gangrene. The hiccup has become almost incessant, and greatly distresses the patient. Pulse 130, very feeble, and intermitting as before. The tongue furred, and so dry as almost to prevent its being protruded from the mouth; slight delirium. Bowels not opened for three days. Ordered ol. ricini ʒvi. to be taken directly. Continue the bark, opium, and wine, and sp. æther. comp. ʒss; infus. caryophyll. ʒx, when the hiccup is most violent; a poultice to be applied every six hours made of linseed meal, mixed with aquæ, ℔j.; acid nitric, gt. 50.

Fourteenth day. There is now a distinct line of demarcation around the gangrenous parts, accompanied by a slight degree of phlegmonous inflammation. The hiccup has nearly subsided. The tongue is much furred, though rather moist. Pulse 110, and stronger. Continue the medicines and poultice, and also the wine.

Eighteenth day. The line of separation quite complete, accompanied with rather a profuse discharge. The patient daily improves. Pulse 97, less intermitting, and stronger. Appetite much better. Tongue cleaner, and moist. Continue.

Twenty-fourth day. Since the last report, large portions of slough have daily been removed with the poultice; the discharge is moderate and healthy. Patient eats heartily, sleeps much, and gains strength daily. Continue.

Thirtieth day. All the sloughs have separated, and the aneurismal cavity is lined with exceedingly healthy granulations. The discharge moderate. Patient in most excellent spirits; has been enabled to-day, for the first time, to sit up in his bed to take his meals. The wound to be dressed with lint dipped in the acid lotion, and the part to be supported by a slight bandage. The opium to be omitted; the bark to be taken three times a-day, instead of every four hours. Continue the wine.

Fortieth day. The wound, which has been dressed daily, is now almost healed. The patient has been enabled to leave his bed these three days, and has to-day, for the first time, ventured across the ward with the assistance of crutches. The quantity of wine has been gradually lessened, and strong beer substituted. He still goes on with the bark, and the wound is dressed with the emp. resinæ.

Fiftieth day. Patient quite convalescent, and the wound completely healed. Sometime afterwards he was attacked with a mortification of both feet, of which he died in the Hospital, when a favourable opportunity for examining the body presented itself.

Inspectio Cadaveris.

On opening the thorax, a quantity of water was detected both in that cavity, as well as the pericardium. On tracing the pulmonary artery into the substance of the lungs, it was found to be studded with ossific patches. On examining the heart, the coronary artery, semilunar valves, and valves between the auricles and ventricles, were completely ossified. In short, this disposition to ossific deposit was visible throughout the whole arterial system.

The whole of the femoral artery, from a quarter of an inch below where the arteria profunda is given off, had been completely absorbed by the pressure of the aneurismal tumour, not even a vestige of it remained. The arteria profunda had considerably enlarged, so that it was equal in diameter to the femoral artery. The internal circumflex artery also was much enlarged, and anastamosed very freely with the obturator artery. The external circumflex artery inosculated with the glutæal. The rami perforantes of the profunda, which were very large, communicated freely with the circumflex arteries, and with the articular arteries of the popliteal. The articular arteries likewise inosculated with each other by numerous large branches, and with the recurrent branch of the anterior tibial. The anterior tibial, and posterior tibial arteries, were of the same diameter as in the opposite extremity.

Communications have been received from H.—Mr. Sweeting—Mr. Guchy—Medicus—A Friend to Humanity—A.—W. F. R.—Veritas—A Borough Student—No Humbug—and a facetious Gentleman who calls himself Double U Zed.

"A Graduate of 1827" will doubtless have perceived that his wishes have been anticipated. We shall always be glad to hear from him.

We have unfortunately mislaid the case sent us by "J. R."